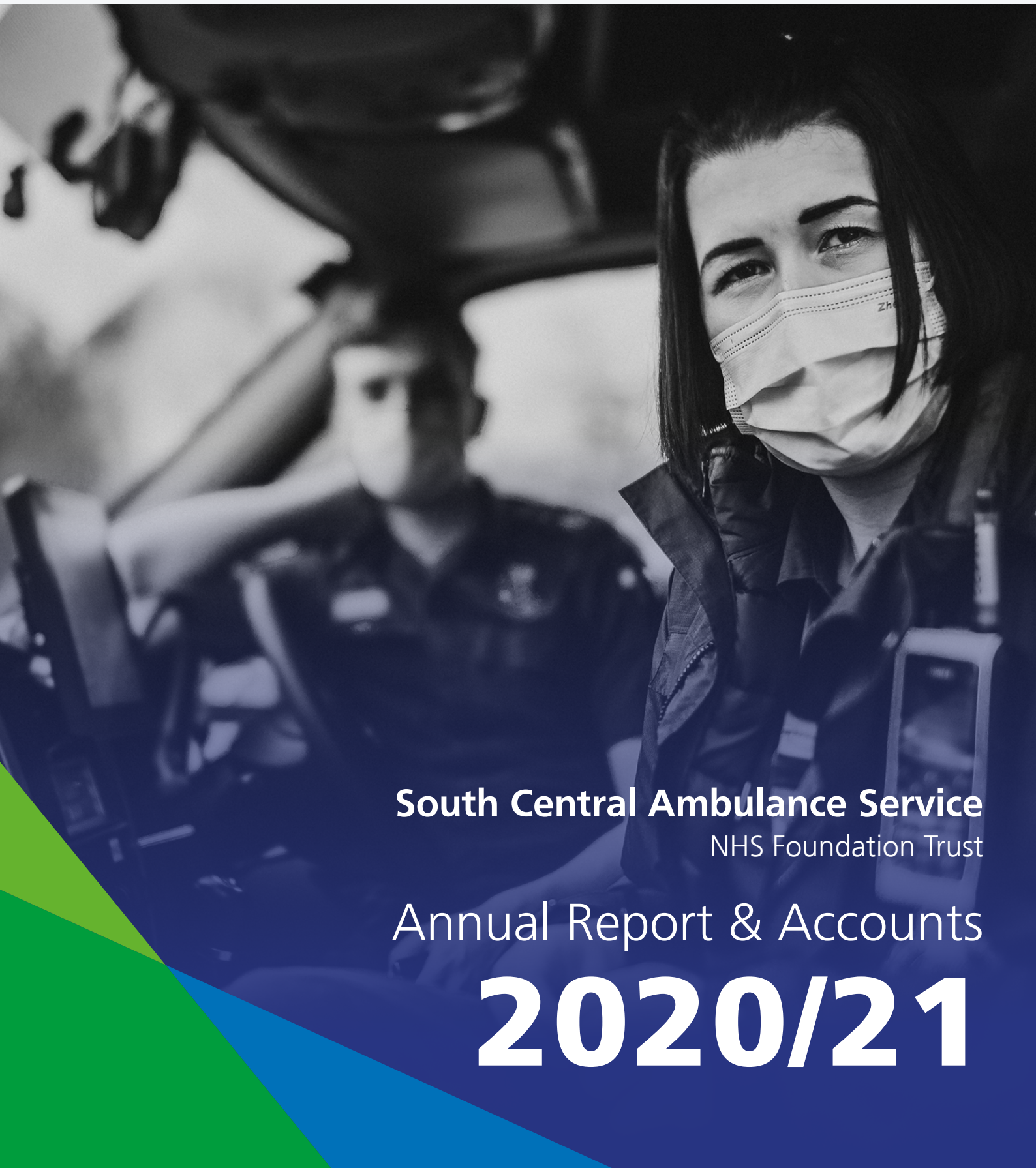
NHS
South Central Ambulance Service
NHS Foundation Trust



South Central Ambulance Service
NHS Foundation Trust

Annual Report & Accounts
2020/21

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Presented to Parliament pursuant to Schedule 7, Paragraph 25(4)(a) of the National Health Service Act 2006

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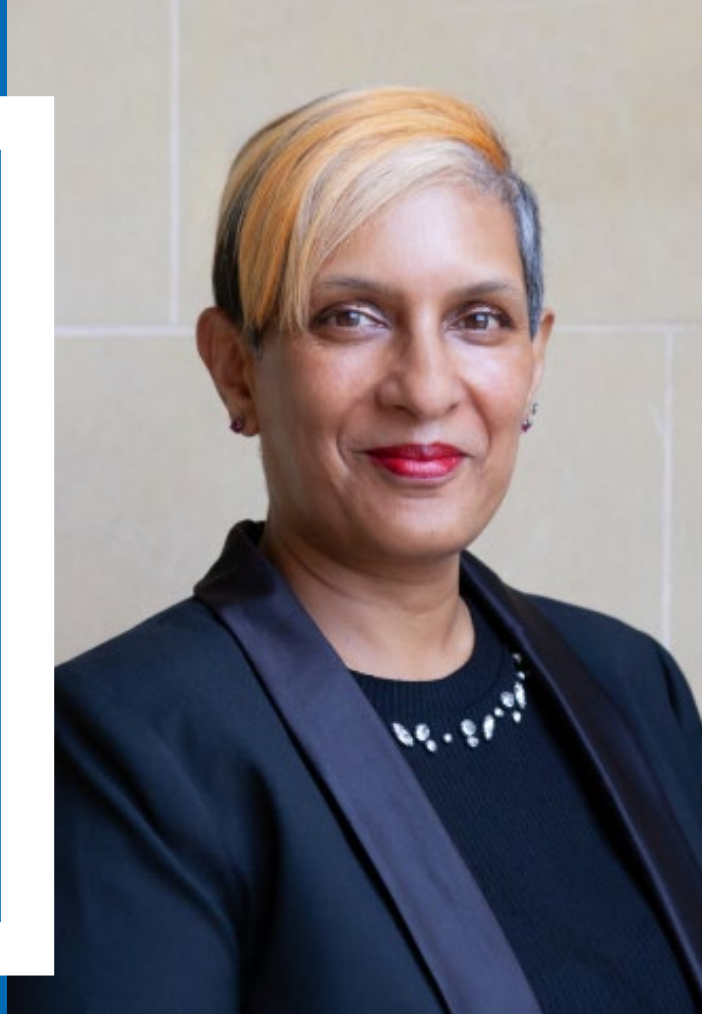
WELCOME FROM CHAIR, LENA SAMUELS

In this most challenging of years I need to start by extending my heartfelt gratitude to all the South Central Ambulance Service (SCAS) staff, volunteers and system partners for their extraordinary response to the challenges posed by the COVID-19 pandemic. These challenges were not limited to our front-line staff – our support staff adapted remarkedly well to remote working and have continued to deliver vital support to keep our operation functioning successfully.



SCAS staff have excelled across the board, and I would like to offer my commendation to those who were instrumental in standing up the national services in response to COVID-19, and in coordinating a successful programme to deliver vaccinations to all our staff.

This year has seen an acceleration of SCAS's involvement at the heart of evolving integrated health and care systems, working together with partners for a common cause. This is central to the SCAS strategy of being at the centre of local health and care systems, guiding the public to the right care, at the right healthcare setting and time. Our staff at all levels have continued to play an active role in shaping and defining health services for the benefit of the people we serve.

I would also like to offer my sincere thanks to our Non-Executive Directors (NEDs) and Governors for their support and understanding during a time when they were not able to so easily be an integral part of the Trust's activities nor meet in person. Like all of us they have adapted to holding meetings online and communicating and collaborating in new ways.

On a personal note I have had the honour of being the Health and Wellbeing guardian for the Trust this year. This has not only brought me a great deal of learning and insight into what our teams deal with, but also provided me with the opportunity to work with NHS IE in creating the framework and promoting the role to NEDs.

Towards the end of the year we received the fantastic news that the South Central Ambulance Charity was successful in securing significant funds from NHS Charities Together. This will enable them to enhance what our Community First Responders (CFRs) do by working innovatively, and the money will be spent on projects such as pioneering training programmes for CFRs and care home staff, as well as 17 new LUCAS 3 mechanical cardiopulmonary resuscitation (CPR) devices.

Our CFRs and co-responders make a tangible difference in the speed with which we are able to respond to incidents and our partners across the sector continue to support us in our goal of being a provider of choice. This support has never been more gratefully received by SCAS than during the pressures on our service as a result of the COVID-19 pandemic.

I would like to extend my heartfelt thanks to the Governors who have left us this year, and to recognise the vital role they have played in in helping us to shape our strategy and deliver our mission. Bob Duggan, Keith House and David Palmer in particular all served the maximum three terms (nine years) and provided SCAS with invaluable service during this time. Thanks also to Barry Wood for stepping up to replace Bob Duggan in the Lead Governor role.

I would also like to offer a warm welcome to those new Governors who have joined us this year, and I look forward to working with all of them.

Governors who left SCAS in 2020/21:

- Richard Coates (public Governor, Hampshire)
- Emma Crozier (staff Governor, NEPTS & Logistics)
- Bernadette Devine (public Governor, Bucks)
- Lynn Dove-Dixon (staff Governor, Corporate)
- David Drew (partner Governor, Air Ambulance Charities)
- Bob Duggan (Lead Governor & public Governor Bucks)
- Jim Dunderdale (staff Governor)
- Colin Godbold (public Governor, Berks)
- Steve Haynes (public Governor, Oxfordshire)
- Keith House (partner Governor – Local Authority)
- Kate Moss (staff Governor, 999 Operations North)
- David Palmer (staff Governor, 999 Operations South)

Governors who joined SCAS in 2020/21:

- Loren Bennett (staff Governor, PTS & Logistics)
- Stephen Bromhall (public Governor, Bucks)
- Mathew Clark (public Governor, Bucks)
- Rachael Cook (staff Governor, 999 EOC)
- Claire Dobbs (partner Governor, Air Ambulance Charities)
- Sherri Green (staff Governor, NHS111)
- Graeme Hoskin (partner Governor – Local Authority)
- David Luckett (public Governor, Hampshire)
- MayBeth Pardey (staff Governor, 999 Operations South)
- Mark Perryman (public Governor, Hampshire)
- Ian Sayer (staff Governor, 999 Operations North)
- David Wesson (public Governor, Oxfordshire)

Finally, I would like to thank Steve Garside, Company Secretary and Louisa Humphrey, Senior Administrator for ensuring the smooth running of our governance processes and at a time when flexibility along with a high level of oversight was required.

Lena Samuels

It is safe to say that the last year was one of the most difficult ever for the ambulance service, the NHS and the country as a whole. We all faced a huge number of unprecedented challenges and hardships, and I have never felt so proud of all the people who work for and support SCAS. Their dedication and commitment to providing excellent service to our patients and colleagues throughout was truly humbling, and I thank every one of them. I also want to recognise those who led or adopted an incredible amount of innovation to support our response to operating in the pandemic.

Will Hancock
Chief Executive

Performance Report

1. OVERVIEW OF PERFORMANCE

This section includes the reflections of the Trust's Chief Executive on how the organisation has performed this year, a brief history of the Trust and the core services it provides, our mission, vision and areas of focus and how we aim to achieve them and the risks that could affect the Trust delivering its objectives.

1.1 Chief Executive's Foreword

It is safe to say that the last year was one of the most difficult ever for the ambulance service, the NHS and the country as a whole. We all faced a huge number of unprecedented challenges and hardships, and I have never felt so proud of all the people who work for and support SCAS. Their dedication and commitment to providing excellent service to our patients and colleagues throughout was truly humbling, and I thank every one of them. I also want to recognise those who led or adopted an incredible amount of innovation to support our response to operating in the pandemic.

I want to pay tribute to the three members of SCAS staff who tragically died from COVID-19 related illness during the year: Lesley Holloway and Kevin Johnson from our NHS111 Service and Paul Nutt from our Patient Transport Service. Our thoughts continue to be with their family, friends, and colleagues.

Providing National Services

In response to the unprecedented demand the pandemic placed on the usual NHS Services we are proud to have mobilised eight new services covering the whole Country on behalf of NHS England and the Department of Health and Social Care which have continued to develop and adapt across the last year.

- ➔ we set up the National Covid Response Service (CRS) – our call handlers dealt with around 2.5 million calls relating to COVID-19 during wave one and wave two. The Covid Clinical Assessment Service (CCASS) was an outbound service comprised of GPs assessing and advising patients remotely and took over 0.5m calls. Our Pharmacy Clinical Assessment and Dental Clinical Assessment services involved dedicated professionals available to deal with Pharmacy and Dental related issues during the peaks of the pandemic

- ➔ we also set up and ran the Vaccine Booking and Advice Service which allows callers to ask questions about the vaccination programme and/or facilitates the booking of a vaccination appointment in the national vaccination centres. To date this service has handled around 5.5 million calls and booked 2.2 million appointments, which is approximately 10% of all bookings made in the National Vaccine Booking Services. In parallel to this we have set up and run the Vaccine Status helpline supporting citizens to access their vaccine status through the NHS App or by receiving a certificate, to enable them to move internationally and domestically as we come out of lock down. We are proud to have supported NHS England and NHS Wales with these services

These were remarkably innovative services set up at significant scale and with very short notice. There was an amazing number of partners which we brought together as the overall co-ordinator responsible for delivery and governance. I would like to thank and acknowledge the tremendous efforts of all those involved in the standing up and delivery of these hugely important services.

Maintaining and Adapting high quality Local Services

This past year has seen our services in 999, NHS 111, Patient Transport Services (PTS) and Clinical Coordination Centres (CCCs) respond very well to a set of challenges we have never seen before.

Our CCCs adapted their working practises and environment and continued to handle calls and enable appropriate care for our patients. NHS 111 in particular faced considerable demand challenges and pressure but a big focus on recruitment, particularly for call handlers and clinicians, enabled us to improve our performance during the course of the pandemic.

We also continued to deliver an extremely high performance from our 999 emergency service whilst maintaining a Covid-secure environment for patients and staff.

The PTS service also faced significant issues: social distancing requirements meant a reduction in the number of patients able to be carried in a vehicle from anything up to five to just one, and the time per patient journey increased by 37% due to the wearing and removal of PPE.

We developed a modelling system to forecast the expected PTS demand for each day of the week using historic data and factored in staff absences, reduced patients in vehicles and extended journey times to calculate the ability to cope on any given day. This enabled us to continue to provide a good level of service to our patients in very difficult circumstances.

Our Clinical Leadership team continued to review national and international developments in relation to COVID-19 to ensure our patients and staff were in the best position possible. Later in the year Paramedics at SCAS became the first in the country to supply COVID-19 patients with home oxygen monitoring kits if they did not require immediate admission to hospital but are at higher risk of complications. The initiative ensures patients who have mild symptoms but have other risk factors, such as age over 65 years, cancer or other health conditions, can monitor their oxygen levels and know when to seek help.

The Care Quality Commission (CQC) carried out a two-day core service inspection of our Patient Transport Services (PTS) in early February 2020. Following a factual accuracy process, the CQCs final report was published on 11 June 2020.

The Trust has retained a 'good' rating for PTS, and there are many aspects of the report that are particularly pleasing, including in relation to leadership, governance and other elements of outstanding practice. This is tribute to the staff and volunteers who deliver our PTS across the counties of Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Surrey and Sussex.

We had one 'must do' action, around infection control, and five 'should do' actions to address, and the Trust developed an action plan to take this work forward and implemented a range of actions to address these recommendations.

It is our Strategy to provide seamless access to high quality advice and care 24/7 for our population and I was proud that SCAS was successful in a bid to NHS England to implement a new initiative enhancing the NHS111 service for our patients – NHS 111 First. We were identified as an 'early mover' in this important new development of the service with health care partners in Portsmouth and South East Hampshire.

The initiative was accelerated to prevent overcrowding in Emergency Department (ED) waiting rooms by booking patients in to be seen, if necessary, in accordance with their needs. This helped to minimise the risk of infection from COVID-19, while ensuring that our patients continue to receive the best possible care safely, in a timely way and in the most appropriate setting for their needs.

We continued to actively encourage anyone with a minor injury or illness to seek alternatives to attending ED, and especially to contact NHS111 in the first instance before attending ED.

The pilot was very successful, and NHS 111 First was 'live' at all of the hospitals in the South Central region by the end of November. The second phase of NHS111 First will develop many more pathways with all partners across NHS and Social Care for patients to access through both 999 and NHS111.

Developing International Partnerships

I am pleased to report that on 1 July 2020 a partnership was formally launched between SCAS and the Aurobindo Pharma Foundation (APF) which saw 108 Emergency Response Services (our equivalent of 999 service) and 104 Mobile Medical Unit Services (our equivalent of an NHS 111 response service) delivered to the 66 million people living in the Indian region of Andhra Pradesh.

As part of a not for profit consortium, we are working to improve the clinical outcomes of patients responded to by the 'free at point of contact' ambulance services aiming to develop the services to become the equivalent of services provided here in the UK.

Throughout the duration of the contract we will be providing technical advice and support to our operational charitable partner, APF. We hope that this relationship will evolve into an international exchange programme offering opportunities for both SCAS staff and the APF staff to have unique experiences and development prospects.

The service is now deploying over 1,000 ambulances across the region working in rural and urban areas, attempting to deliver parity of care to patients from deprived and rural areas. We are already making a difference and saving lives as we form part of the national response to the COVID-19 pandemic in India.

Digital Innovation

We continued to develop the Global Digital Exemplar (GDE) programme throughout 2020/21. The 'Vehicle as a Hub' rollout was completed, delivering greatly enhanced Wi-Fi connectivity to our frontline vehicles. We have also successfully rolled out the 'Livelinks' project, enabling our clinicians to activate a video link via patient mobile phones directly from our Contact Centres. This capability has been very well received.

We have progressed with a more automated forecasting process and scheduling project and the templates for electronic patient records to help frontline staff to record information more quickly and reduce cycle time were rolled out as they were developed and are also being well received.

Supporting 'Team SCAS'

More than ever this year those who work for us and with us have needed our support both in terms of their physical and mental wellbeing, which includes those who are recovering personally from illness or grieving for family members, friends and work colleagues.

As part of this focus on our staff we continued with the implementation of the NHS People Plan 2020/21 and I was delighted that our Chair, Lena Samuels, personally took on the role of 'Workforce Wellbeing Guardian'. Working alongside the Executive and Human Resources teams, the role includes responsibility for the mental wellbeing of staff, by helping to set organisational expectations, monitor performance, and provide reassurance that the Trust is a healthy workplace.

We enhanced the arrangements in place for colleagues to support one another and I want to commend all of those who have truly lived our value of Caring by going the extra mile to look out for one another. Our Health and Wellbeing team have led a collaboration of people who have worked intensively to innovate, strengthen and facilitate access to support for wellbeing and resilience. Many, many new

staff have joined our team this year from a huge variety of backgrounds and have brought even more diversity to our workforce. I would particularly like to thank our recruitment and education teams who have done a tremendous job despite all of the constraints and disruption that they have faced.

The 2020 National Staff Survey (NSS) ran from 5 October until 27 November. We achieved our highest ever response rate, with 2,722 (66%) of eligible staff making their voice heard on a wide range of themes designed to help the Trust. The feedback from staff provides us with some really valuable information to take forward and develop action plans.

I was very happy to see that the results demonstrated that the Trust has significantly improved on 29 of the NSS questions with no significant difference on 46 of the questions. In comparison to the other seven Ambulance Trusts participating in this version of the survey, SCAS continues to perform well.

I would like to conclude by once again offering my personal thanks and admiration for the extraordinary way in every staff member and volunteer has responded to a truly unprecedented year.

Will Hancock
Chief Executive
28 June 2021

1.2 About Us

South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region – Berkshire, Buckinghamshire, Hampshire and Oxfordshire – as well as non-emergency patient transport services in Surrey and Sussex, and a dental service (accessed via NHS 111) in parts of Dorset.

SCAS was formed on 1 July 2006 following the merger of Hampshire, Oxfordshire, Royal Berkshire and Two Shires Ambulance Services and Will Hancock was appointed as the Trust's first Chief Executive. At that time, the newly formed Trust delivered 999 and non-emergency patient transport services, along with commercial training and logistics, some elements of GP out-of-hours services and the Berkshire Community Equipment Service. South Central Ambulance Service became a Foundation Trust on 1 March 2012 and was the first ambulance trust in England to be rated 'Good' by the Care Quality Commission (September 2016), with the CQC confirming the 'Good' rating along with further improvements in the Trust's emergency and urgent care service, resilience and emergency operations centres, and NHS 111 service when inspectors returned in July and August 2018.

SCAS is a monopoly provider of 999 emergency ambulance services within the South Central region (as are all English ambulance trusts in their defined geographical areas); all other services the Trust delivers are tendered for on a competitive basis. With the expansion into Surrey and Sussex, we now serve a population of over seven million people across the six counties. We employ 4,551 staff who, together with over 1,100 volunteers, enable us to operate 24 hours a day, seven days a week.

What we do:

- ➔ receive 999 calls in our clinical coordination centres in Bicester, Oxfordshire, and Otterbourne, Hampshire
- ➔ respond to 999 calls by arranging the most appropriate resource from community first and co-responders, to rapid response vehicles, ambulances, air ambulances or a combination, and sometimes all, of these
- ➔ provide the Integrated Urgent Care service for the Thames Valley and for Hampshire
- ➔ take eligible patients to and from their hospital appointments and treatments with our non-emergency patient transport service (PTS)
- ➔ provide a commercial logistics service across Oxfordshire

Our mission

We are with you when you need us, providing help and professional mobile healthcare to you and your community

Our vision

Towards Excellence - Saving Lives And Enabling You To Get The Care You Need

Our core values

Professionalism:

Setting high standards and delivering what we promise

Caring:

For our patients and each other

Innovation:

Continuous improvement through empowerment of our people

Teamwork:

Delivering high performance through an inclusive and collaborative approach which values diversity, collaboration and connectivity

Going Concern Disclosure

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.3 Our Strategy

SCAS is much more than a traditional ambulance service and we have a pivotal role in local care systems, especially with the increasing focus on delivering care remotely or at home.

Our goals are to simplify access to care, to save lives, to support more people at home and to integrate care. Working with partners, we also aim to identify and address any inequity of access or unwarranted variation in outcomes.

Our five-year strategy provides a roadmap for the development of our major service lines:

➔ care coordination and integrated urgent care

➔ mobile care and emergency responses

➔ expanded patient transport and logistics

➔ a partner in local systems

There are significant changes in health and care, with the recent introduction of Integrated Care Systems, proposed new legislation in 2022, commissioning mergers, new models of care, the NHS People Plan and changes to performance metrics. SCAS is adapting to these changes and working with partners to achieve the triple aims: better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

SCAS provides services in four Integrated Care Systems:

➔ Buckinghamshire, Oxfordshire & West Berkshire (BOB)

➔ Hampshire & Isle of Wight (HIOW)

➔ Frimley

➔ Bedfordshire, Luton & Milton Keynes (BLMK)

Some of our key strengths and potential contributions as an ICS partner include: our 24/7 model, our virtual and mobile workforce, our digital infrastructure with hosted partners, our real-time data and analysis, plus our local and regional oversight.

We are continually developing and enhancing the care that we offer. Over the coming year, we will ensure that our services fully align with the emerging new provider selection criteria (quality and innovation; value; integration and collaboration; access, inequalities and choice; plus service sustainability and social value). We will also make any adjustments required in response to proposed new performance measures for urgent and emergency care systems, plus the new standards for integrated urgent care services.

Transforming SCAS - Fit for the Future

We have an ambitious transformation programme that is designed to deliver against our strategy and ensure that SCAS is fit for the future. COVID-19 has been a catalyst for change across all areas of the organisation and the backlog of work from the past year means that the ambition for strategic change in 2021/22 is significant.

2020/21 has seen the introduction of a programme governance approach to support decision making and improve success within change, whilst ensuring that the organisation balances its ambition for improvement with the need to deliver business as usual.

Provider of choice

National ESMCP – Upgrading our mobile communications as part of national programme

GoodSam Out of Hospital Cardiac Arrest – Reaching heart attacks in the community quicker, improving outcomes

Mental Health Triage, Telephone and Response – Coordinating mental health provision for populations

Enhanced Responder – Providing extra equipment to our Community First Responders, avoiding admissions

Care Home and Nursing Triage – Supporting and training care and nursing home staff to reduce admissions

CORS Cyber Security Programme – Ensuring Cyber Security core compliance as part of statutory requirements

Partner of choice

National Pandemic Flu Service – Providing the national NFPS as part of the Covid response

SCAS/Isle of Wight (IOW Partnership – Technical and Telephony – Improving infrastructure on the IOW to support ongoing partnership

Urgent Care Pathways – Providing the right care in the right place at the right time

Paramedics in Primary Care – Developing partnerships with General Practice through paramedic placements

111 First Roll Out (Phase 2) – Directly booking patients into ED and other locations to minimise waiting and support social distancing

Hampshire Surrey Heath IUC Mobilisation – Lead provider integrating urgent care between NHS111 and care providers

Employer of choice

HR Transformation – Reviewing the HR function to improve outcomes and reputation

Recruitment and Retention – Improving R&R in the North East node

Mental Health Transformation – Health and Wellbeing – Improving Health and Wellbeing provision for our staff

Clinicians Homeworking – Enabling clinicians to work flexibly from home

Volunteer Management Software – Enhancing the experience and management of volunteers across the organisation

Southern Education Space – Providing a single location to deliver education and training for the South of the SCAS region

Sustainable & Dynamic

Live Links 111 – Providing ability for call handlers to have video of patient on scene

Body Worn Cameras – Pilot to improve safety for front line staff

Telephony Enhancements – Installation of new telephony system throughout organisation

EPR Developments – Provision of new technology for patient management in ambulances

Patient Level Information and Costing System (PLICS) – Improving oversight of spend across the organisation, allowing improvements and variance to be noted and mitigated

aPad Roll out – Provision of personal devices for front-line staff across the organisation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1.4 Key Issues and Risks

The Trust has a robust risk management strategy which provides a basis for a well-managed risk assurance process to ensure safe services and an accurate record of risks. It is reviewed on an annual basis and approved by the Trust Board. It is published and made available to the public and stakeholders via the Trust's website.

The aims of this strategy are to:

- ➔ integrate risk management into the Trust's culture and everyday management practice
- ➔ clearly define the Trust's approach and commitment to risk management
- ➔ raise staff awareness, knowledge and skills
- ➔ document responsibilities and a structure for managing risk
- ➔ ensure a coordinated, standard methodology is adopted by every directorate/ department
- ➔ encourage and support incident reporting in an open safety culture
- ➔ ensure that the Trust Chief Executive and Board of Directors are provided with evidence that risks are being appropriately identified, assessed, addressed and monitored
- ➔ adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk, through the processes

In accordance with governance best practice and legislative requirements the Trust formally assesses and records all significant risks in a Corporate Risk Register (operational risks) and in the Board Assurance Framework (strategic risks). Risks are reviewed through the Risk, Assurance and Compliance Committee, the Audit Committee and the Quality and Safety Committee. The Trust's aim is that the carrying out of suitable and sufficient risk assessments should become an integral part of everyday activity, becoming a pre-emptive approach to reducing accidents and adverse incidents rather than being reactive.

The Trust's principal risks have been identified as:

- ➔ changes to national patient safety framework and different ways of learning from incidents across the health network
- ➔ managing demand in all services (999, NHS 111, PTS) and difficulty in predicting demand as services are changing across the health network following the COVID-19 pandemic
- ➔ having sufficient fleet, in the right places, at the right time to meet demand and response targets, especially to Category 3 and 4 calls
- ➔ taking advantage of digital opportunities within the Trust and across the health network, having sufficient, resilient IT systems

- being able to sufficiently influence local health restructure to ensure current operations are not affected and new opportunities are not missed
- being able to secure sufficient financial resources to meet all the strategic aims
- being able to recruit sufficient people in the right place, with the right skills and increasing opportunities for paramedics to work elsewhere in the local health networks
- sufficient senior manager and subject matter expert resource to sustain continued change at pace (pandemic related and other projects)
- ability to deliver PTS contracts on a profitable basis across all nodes and retaining contracts up for renewal
- a number of external threats, including pandemic related, increased morbidity, health system changes and cyber threats

1.5 Performance of Key Services

999 Operations

As a modern ambulance service, we have continued to deliver our services through a combined and integrated approach with our wider health colleagues, as well as responding to emergency 999 and urgent GP calls. This past year, considering the COVID-19 pandemic, has seen our services both in Operations, NHS 111 and Clinical Coordination Centres (CCC) respond as we have never seen before.

We have continued to deliver our 999-emergency service in a strategically co-ordinated approach with a local delivery to meet the needs of our patients across the Thames Valley and Hampshire. Over this past year our CCC's have continued to dispatch our specialised teams under difficult and challenging circumstances as our grasp of the pandemic progressed, however in the face of adversity we have maintained a safe and COVID secure environment for our patients and staff alike.

In accordance with the national ambulance response programme we continued to ensure that:

- the sickest patients received the fastest response
- patients get the response they need first time, and in a timeframe that is appropriate for their condition
- we continued to monitor the impact of waiting times to reduce long lies
- patients living in rural areas receive a more equitable response

Performance against national ambulance service response targets 2020/21

	Measure	Target	2020/21	2019/20
Category 1	Mean	< 07:00	**06:22**	**07:17**
	90th Percentile	<15:00	**11:42**	**13:13**
Category 2	Mean	< 18:00	**15:29**	**17:48**
	90th Percentile	< 40:00	**30:23**	**36:13**
Category 3	90th Percentile	< 02:00:00	**1:46:22**	**02:09:42**
Category 4	90th Percentile	< 03:00:00	**2:29:08**	**02:56:47**

Within the Operations Directorate in SCAS we have had our most challenging year in recent memory due to COVID-19 coupled with our continued focus on improved service delivery and patient care. The year has been demanding for numerous reasons such as the challenge of both the supply and new ways of working in relation to PPE and as always, our staff have embraced this and continued to deliver. We have also faced a workforce issue with our own staff and our community responders having to shield and also be affected by the pandemic. The work profile this year has also been different as we saw a reduction in normal work such as trauma, heart attacks and paediatrics but this work was replaced with COVID-19 demand.

Over the last 12 months we have also:

- ➔ delivered enhanced working with our military and fire service colleagues to meet the COVID-19 demand and case load
- ➔ our Demand management team have continued to work with high intensity users and the development of Urgent Care Pathways
- ➔ we have delivered a COVID-19 safe working environment for all our staff groups
- ➔ we have worked closely with our LRF partners to deliver on the combined responses to the Eu-Exit as well as COVID-19

NHS 111

The NHS 111 service at a national level faces considerable demand challenges, and the SCAS NHS 111 service performance standards continued to be under pressure during 2020/21.

The national pressure on the NHS 111 service was particularly high throughout the year due to a very high increase in demand caused by the COVID-19 pandemic. Call volumes have been high during the 'in hours' periods, and this is a change that has been even more pronounced throughout the pandemic. SCAS has been a leader in supporting the national response services to manage patients' healthcare needs during the pandemic.

We have been very focussed on recruitment throughout the year, particularly for call handlers and clinicians, in order to maintain and improve our performance during the pandemic. Our workforce numbers are currently extremely strong which is allowing us to improve performance levels.

The SCAS NHS 111 service was chosen by NHS England and NHS Improvement to pilot a new national initiative called 'NHS111 First'. This initiative was rolled out in 2020 after initially being piloted in the South East Hampshire area. The primary aim is to prevent Emergency Department (ED) waiting rooms becoming overcrowded, with patients able to book an appointment time in ED after being triaged by NHS 111 clinicians.

We continued to develop local integrated urgent care services in line with 'NHS 111 First' developments. We have worked with all our acute providers and the CCGs to implement a booking service into all ED departments. The Wessex Dental Advisory service continues to develop, and working with partners we have undertaken a Paediatric pilot. The NHS 111 Mental Health service continue to grow across the SCAS footprint bringing the Oxfordshire and Buckingham areas for mental health into the Clinical Assessment Service.

Working with the wider SCAS team we have assisted the redeployment of Paramedics on alternative duties, and the training of Specialist Paramedics to assess category 3 and 4 calls.

2020/2021 Performance

Total calls offered	**1,380,475**	
Total calls answered	**1,269,657**	
Calls answered within 60 seconds	**74.39%**	(Target 95%)
Calls abandoned	**6.98%**	(Target <5%)
Referrals to 999	**139,807**	
Transfers to clinicians	**490,005**	

Non-Emergency Patient Transport Service (PTS)

SCAS provides the non-emergency Patient Transport Service (PTS) across six counties:

- ➔ Berkshire
- ➔ Buckinghamshire
- ➔ Hampshire
- ➔ Oxfordshire
- ➔ Surrey
- ➔ Sussex

The PTS service is provided under the terms of six different contracts:

- ➔ SHIP covering Hampshire
- ➔ Thames Valley covering Berkshire, Buckinghamshire and Oxfordshire
- ➔ Surrey
- ➔ Sussex
- ➔ Oxford Health providing transport for service users attending mental health day services and NHS dental services in Oxfordshire, Buckinghamshire and Wiltshire
- ➔ Milton Keynes

Each contract has its own set of Key Performance Indicators (KPIs) that the service provided is measured against. SCAS carried out more than 759,000 total conveyances over 20/21.

PTS Performance Summary

PTS performance is reported at an aggregated level due to the commercial sensitivity of reporting at contract level.

Performance 2020/21.

	Full Year Performance	Number of Contracts KPI is Reportable
Arrival Outpatients	92.2%	5
Collection Outpatients	94.9%	6
Arrival Renal	89.0%	3
Collection Renal	90.6%	3
Call Answer - PTS Contact Centre	95.4%	6
Call Abandonment - PTS Contact Centre	2.9%	6

PTS Contact Centre performance

There have been significant changes for the Contact Centre over the last year due to the pandemic and aligning to the National Guidance relating to pre-screening guidance questions, and changes to guidance for the number of patients who could be carried in a vehicle.

The national eligibility criteria that was introduced provided consistency for Acutes that sit within different contracts, whereby some patients pre-COVID-19 would be in-contract for some and out-of-contract for others. The consistent guidance across all contracts made it easier for Acutes to manage and resulted in the consistent KPI for discharges whereby pre-COVID-19 this varied depending which contract the patient was against.

To ensure we had the latest information on the COVID status and to reduce aborted journeys the booking window was reduced to three days before the appointment date for any telephony bookings and seven days before the appointment date for any online bookings. Regular bookings are excluded from this due to their nature. This has had a positive impact on reducing aborted journeys due to the information being more current, and assisted with compliance to the national guidance for reducing risk for patients and staff.

The Contact Centres have a modelling tool that is utilised to establish the required staffing levels to meet the predicted call volumes. There are regular reviews of the hours required to meet expected call volumes and as such additional staff are only brought in where the forecast suggests. This, along with reduction in call length towards the latter part of the year due to increased performance reporting,

has led to an increase in performance. Through increased performance management and the creation of individual scorecards call length is starting to decrease.

The aggregated performance at year end is 95.4% which is 18.2% higher than previous year.

We ended 2020/21 in a better staffing position within the contact centre, and currently have minimal vacancies.

Overall PTS

Since the start of the COVID-19 pandemic SCAS PTS have followed the national guidance on PPE and Social distancing requirements, which changed on various occasions over 2020/21. This was a fast-moving picture; all the changes were made in a very responsive manner to ensure patient and staff safety. We continued to progress through the year with several unknowns in terms of the activity forecasts going forward for PTS, changes to national guidance and the additional challenges we had of the winter months.

From an Infection Prevention Control (IPC) perspective this impacted PTS, and continues to do so, in the following ways:

- initially 2 metres social distancing was maintained between patients if they were not confirmed positive COVID-19 patients. This generally meant one patient per vehicle, though some vehicles were reconfigured to allow two patients to be cohorted (carried at the same time). However, there were many factors that had to be taken account, such as patients being able to tolerate masks, and therefore we saw minimal benefit from those configurations. Pre-COVID-19 we would carry 3-5 Renal patients in a vehicle on many occasions. The 2m ruling was changed to 1m in December 2020

- if patients were positive confirmed COVID-19 cases then cohorting can take place, however fortunately there are minimal confirmed cases within PTS and therefore when spread over the geographic area there was limited opportunity to cohort

- Level 2 Personal Protective Equipment (PPE) had to be worn by staff, which increased our cycle time due to donning and doffing multiple times per patient

- wiping down between every patient and further full cleans, including mopping, if a COVID-19 positive patient had been transported, again increased the cycle time

Based on the above, we needed significantly more hours per patient than Pre-COVID-19. At the outset of the pandemic the activity for PTS significantly dropped, which helped offset the increased hours per patient. However, as activity continued to increase during the year it placed increasing pressures on the performance levels of the service.

Taking into account all of the challenges for PTS in 20/21 it has been a fantastic effort by all PTS staff to ensure continued high performance and patient safety, whilst maintaining a vital service ensuring our patients receive the treatment they require.

The circumstances and way the PTS service was provided over 2020/21 may have changed, but as before the pandemic, we will continue to provide this vital service to our patients and we are proud to do so.

1.6 Community Resilience

Despite the pandemic we have continued to deliver excellent patient care throughout the local communities, we have seen the commitment from all of responders reach an unprecedented level as they assisted SCAS in its response to COVID-19.

Our responders have not just been responding to our patients, but they have also turned their hands to a range of work streams throughout this last year, including the delivery of essential Personal Protective Equipment (PPE) across our geographical area and other vital equipment to numerous sites across the Trust.

They have and continue to help facilitate the roll out of the biggest vaccine campaign in UK history by assisting with the Trusts COVID Vaccination sites. If the Responding, logistics movements and Vaccine sites were not enough to keep them busy they also assisted the Trust in manning Welfare Vehicles to support our operational colleagues with "Teapot 1,2 & 3" in which they provided a friendly face and a warm drink for Operational staff at Acute Hospital sites.

Even though we saw some of our responders having to shield throughout the pandemic the commitment of our responders remains consistent. As at 31 March 2021 SCAS has 1174 active community first responders (CFRs) and Co-Responders, this is an increase of 209 from the previous year. The number of incidents attended were also greater than the previous year and they all continue to respond within a close proximity to either their home or work address.

Together, our CFRs and Co-Responders from the military, police and fire and rescue services have attended 35,716 emergency 999 incidents for the Trust in 2020/21, broken down as follows:

Scheme Breakdown (By Type)	Number of Incidents:
Community first responders	24,821
Fire Co-Responders	5,442
Military and Police Co-Responders	5,453
Total Number of Incidents	35,716

In addition to an already busy twelve months we were fortunate enough to receive some funding from NHS Charities, enabling us to work together with them. Therefore, we will be developing three key areas of work throughout 2021/22, these are:

1. To create an Enhanced Responder who will be trained in further diagnostic skills so that they are able to further assist on incidents that have been assessed by paramedics or nurses who work on the Clinical Support Desk (CSD) or Urgent Care Desk (UCD) within a SCAS Clinical Coordination Centre.

2. To implement the "GoodSAM" application which will enable us to alert any responder that a Cardiac Arrest is in progress within a certain radius so that we can have someone at the patient's side to commence life-saving treatment. This will often be within a few minutes prior to our first ambulance response arriving and will continue to make a positive contribution and impact on the

results the Trust has achieved this year in terms of some key Ambulance Quality Indicators, such as Return of Spontaneous Circulation (ROSC), and out-of-hospital cardiac arrest survival to discharge.

3. We will work with residential care homes to advise them on Patient Injury assessment, taking patient observations and utilising the directory of services they each have access to in order to refer a patient to an appropriate care pathway other than calling 111 or 999.

From 1 April 2020 to 31 March 2021, CFRs attended 1,722 non-injury falls incidents and 75.8% of those patients seen remained at home; over the same period CFRs attended 1,266 concern for welfare incidents and 85.5% of those patients seen remained at home. These figures continue to improve year on year as we continue to train more responders in this enhanced role so that they can attend our lower acuity calls across SCAS.

We continue to support our Fire services with the delivery of Immediate Emergency Care across Berkshire, Buckinghamshire and Oxfordshire which enables a collaborative approach to our delivery of patient care in the event the fire service arriving first at an incident prior to our arrival.

We have been engaged in the development of "The Circuit" which is a national project that shows the location of all Public Accessible Defibrillators on Ambulance control systems, which will be implemented later this year. This will enable our control rooms to see the available defibrillators in the event of cardiac arrest, not just within our geography, which will help to improve the Out of Hospital Cardiac Arrest survival rates and improve patient care.

COVID-19 did not prevent any further Public Access Defibrillators (PAD's) being registered with ourselves, and we have added 237 to our systems. Whilst the pandemic prevented us from doing face-to-face familiarisation sessions the Community Engagement Team have been doing virtual sessions and sharing links to training videos to ensure our local communities continue to learn the importance of cardiopulmonary resuscitation (CPR) or chest compressions, and how to use a defibrillator.

At the end of March 2021 there are now 2,317 PADs, an increase of 237 in Berkshire, Buckinghamshire, Hampshire and Oxfordshire, and there were 2,294 occasions where CPR was in progress prior to the arrival of an ambulance. Considering the impact of the pandemic we saw an increase of 19 attempts in comparison to the previous year. This continues to assist in improving Out of Hospital Cardiac Arrest (OHCA) and SCAS still maintains one of the highest OHCA survival rates in the UK at (13.9%).

Finally, World Restart a Heart Day in October 2020 saw the CET department embark on its first Facebook Live sessions where we demonstrated CPR with the help of "999 Ted" and seven year old Tilly who showed how she was able to use an AED with ease. We also held an on-line quiz and spoke of the importance of learning these all-important skills and were overwhelmed to have had more than 250,000 virtual hits.


South Central Ambulance Service
NHS Foundation Trust
EMERGENCY AMBU
NHS
YS SEEK MEDICAL HELP URGENTLY
J DEVELOP ANY OF THE FOLLOWING:
ed speech or confusion
eme shivering or muscle pain
ng no urine in a day
re breathlessness
ne worst you've ever felt
mottled or discoloured
ASK "COULD IT BE SEPSIS?"
rust.org
THE UK
SEPSIS
TRUST

Accountability Report

2. DIRECTORS' REPORT

The Trust's Board of Directors (the "Board") held six Board meetings 'in public' between 1 April 2020 and 31 March 2021. All meetings were held virtually due to the COVID-19 pandemic, with the Trust's Governors able to participate as well as members of the public. The agendas, papers and minutes of Board meetings are available on the Trust's website.

Board Meetings | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

COVID-19

The Trust recognised at the outset that maintaining appropriate and effective governance was of paramount importance, and a number of refinements were made to our normal arrangements. The governance arrangements were kept under continuous review by the Trust Board and have been documented and presented at a number of Board meetings throughout the year.

The key aspects of our COVID-19 governance arrangements during 2020/21 have been:

- ➔ we have, at all times, applied the governance requirements and guidance set by NHS England/ Improvement; for example, in relation to the delivery of Board business

- ➔ our aim has been to continue to maintain robust Board and Corporate Governance arrangements whilst taking a pragmatic and flexible approach in order to reduce the burden to the Executive Team, maximise the resources available to respond to COVID-19, and support our patients and staff

Further details are disclosed in the 2020/21 Annual Governance Statement included within this Annual Report.

Decisions taken by the Board and delegated to management

The Board has overall and collective responsibility for the exercising of the powers and the performance of the Trust, and its duties include to:

- ➔ provide effective and proactive leadership of the Trust

- ➔ ensure compliance with the provider license, constitution, mandatory guidance issued by NHS England/Improvement, and other relevant statutory obligations

- ➔ set the Trust's strategic aims at least annually, taking into consideration the views of the Council of Governors, ensuring that the necessary resources are in place for the Trust to meet its main priorities and objectives

- ➔ ensure the quality and safety of healthcare services for patients, education, training and research delivered by the Trust, applying the relevant principles and standards of clinical governance

- ➔ ensure that the Trust exercises its functions effectively, efficiently and economically, including in relation to service delivery

- ➔ set the Trust's visions, values and standards of conduct and ensure that its obligations to patients and other key stakeholders are delivered

All Board members (executive and non-executive) have joint responsibility for decisions of the Board and share the same liability. All members also have responsibility to constructively challenge the decisions of the Board and help develop proposals on priorities, risk mitigation, values, standards and strategy.

The Board delegates certain powers to its sub-committees (not including executive powers unless expressly authorised). The executive team is responsible for the day-to-day running of the organisation and implementing decisions taken at a strategic level by the Board.

Board of Directors balance

The Board continually reviews its composition to ensure that it reflects the skills and competencies required to enable the Trust to fulfil its obligations.

The Board started 2020/21 with seven non-executive directors (NEDs), including the Chair, and seven executive directors (EDs), including the Chief Executive. In light of the fact that, for a small period of time, there was not an excess of NEDs over EDs on the Board, provision was made for the Chair to have a second/casting vote until 30 June 2020 for any decisions requiring a vote of the Board of Directors (although this was not needed).

The changes to the composition of the Board during 2020/21 were as follows:

- on April 2020, Professor Helen Young temporarily took up the role of SRO for NHS 111 COVID Response Services and Jane Campbell (Assistant Director of Quality) assumed interim responsibility for the Board-level Director of Patient Care role; this remained the case for the whole of 2020/21

- following a competitive recruitment process, Ian Green joined the Board on 1 July 2020, as a NED, replacing Ilona Blue who left the Trust in August 2019

This means the Board ended the year with eight NEDs, including the Chair, and seven executive directors, including the Chief Executive.

All fifteen Board members have voting rights.

Board of Directors performance evaluation and review

The Board reviews its functioning and performance on an ongoing basis throughout the year. During 2020/21 there have been a number of reviews with direct implications for the Board, including:

- the Trust, as with all other NHS providers, is assessed on an ongoing basis by NHS Improvement as part of its Single Oversight Framework regulatory approach. The reviews consider the following five elements:
    - operational performance
    - financial performance and use of resources
    - quality of care
    - strategic change, and
    - leadership and improvement capability

Whilst all five elements have a link to the role of the Board, the 'leadership and improvement capability' element focuses strongly on the effectiveness of the Board.

SCAS has been assessed by NHSE/I throughout 2020/21 as being a segment 1 (maximum autonomy) provider, the best possible category.

- ➔ the Council of Governors' Nominations Committee, supported by the Chair, Company Secretary and Director of Human Resources and Organisational Development and, continues to review the NED arm of the Board as part of a formal succession planning process. Relevant decisions in this respect during 2020/21 included:
    - o the appointment of Ian Green (see above)
    - o re-appointing Les Broude, Priya Singh and Anne Stebbing for second terms of office.

In addition to the processes outlined above, the Board has a systematic and robust approach to assessing its collective performance, including through the performance appraisal system. As an example, the 2020/21 appraisals of the Chair and NEDs are including comprehensive feedback from the Trust's Governors and Board members through a survey approach, and the Chair's appraisal is also taking into account feedback from key external stakeholders (in accordance with guidance issued by NHS England/ Improvement).

Reviews of the effectiveness of the key Board committees (e.g. Audit, Quality and Safety, Charitable Funds, and Remuneration) are also undertaken annually and presented to the Board (generally each May/July).

Governance

The Board uses the NHS Foundation Trust Code of Governance as best practice advice to improve governance practices across the Trust. Furthermore, the effectiveness of the Trust's governance arrangements is regularly assessed, including through internal audit.

The Trust was compliant with all aspects of the Code of Governance during 2020/21, with one exception. As mentioned previously, the departure of Ilona Blue resulted in the Trust not having an excess of non-executive directors over executive directors until 1 July 2020. A recruitment exercise took place between February and June, overseen by the Council of Governors, and Ian Green's appointment from 1 July addressed this particular issue.

The Trust was compliant with its Constitution at all times during 2020/21.

The Board operates within a comprehensive structure and with robust reporting arrangements, which facilitates good information flows between the Board of Directors, various committees, and the Council of Governors.

The Trust maintains a register of Board members' interests, gifts and hospitality, and this is presented on an annual basis at one of the Trust's Board meetings in public. Board members are also asked to declare any new interests at each meeting of the Board, or highlight any existing interest that might be relevant to the discussions at that meeting.

The Board members register of interests can be found on our website

Executive Board Directors | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

The Board continues to apply the Fit and Proper Person Requirement regulations, satisfying itself that all current and newly appointed Board members fulfil the requirements. At each Board meeting in public, Board members are asked to declare whether there are any new factors which may impact on their ability to be regarded as 'fit and proper'.

Non-Executive Directors

Non-executive directors (NEDs) are members of the Board of Directors. They are not involved in the day to day running of the business but are instead guardians of the governance process and monitor the executive activity as well as contributing to the development of strategy. They have four specific areas of responsibility – strategy, performance, risk and people – and should provide independent views on resources, appointments and standards of conduct.

NEDs have a particular duty to ensure appropriate challenge is made, and that the Board acts in the best interests of the public. They should:

- ➔ bring independence, external skills and perspectives, and challenge strategy development
- ➔ scrutinise the performance of, and hold to account, the executive management in meeting agreed objectives, receive adequate information, and monitor the reporting of performance
- ➔ satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented
- ➔ be responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary removing, executive directors, and in succession planning

The Chair is one of non-executive directors and is personally responsible for the leadership of the Board of Directors and the Council of Governors, ensuring their effectiveness on all aspects of their role and setting their agenda.

During 2020/21 the Trust had eight serving and voting non-executive directors, all of whom are independent:

NED	Date appointed to FT Board	Current term of office	Term
Lena Samuels (Chair)	1 January 2017	31 March 2023	Second
Sumit Biswas	1 July 2016	30 June 2022	Second
Les Broude	1 February 2018	31 January 2024	Second
Nigel Chapman	1 March 2016	28 February 2022	Second
Ian Green	1 July 2020	30 June 2023	First
Mike Hawker	1 January 2014	30 June 2022	Third
Priya Singh	1 April 2018	31 March 2024	Second
Anne Stebbing	1 April 2018	31 March 2024	Second

Details of each non-executive director Board member, including any declared interests, can be seen on the Trust's website at

Non-Executive Board Directors | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

Executive Directors

The executive directors are responsible for the day-to-day running of the organisation, and the Chief Executive, as Accounting Officer, is responsible for ensuring that the organisation works in accordance with national policy and public service values, and maintains proper financial stewardship. The Chief Executive is directly accountable to the Board for ensuring that its decisions are implemented.

At the end of the 2020/21 financial year there were seven voting executive directors on the Trust Board:

Executive Director	Position
Will Hancock	Chief Executive
John Black	Medical Director
Jane Campbell	Acting Director of Patient Care
Paul Kempster	Chief Operating Officer
Mike Murphy	Director of Strategy and Business Development
Charles Porter	Director of Finance
Melanie Saunders	Director of Human Resources and Organisational Development

Professor Helen Young served as Director of Patient Care and Service Transformation until 30 March 2020 prior to taking up a temporary role as SRO for NHS 111 COVID Response Services. She continued, however, to attend Trust Board meetings, whilst Jane Campbell acted up into the Board-level Director of Patient Care role.

Details of each executive director Board member, including any declared interests, can be seen on the Trust's website at

Executive Board Directors | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

Board committees

The Board has four committees: Audit, Quality and Safety, Remuneration, and Charitable Funds. The four committees have continued to hold regular meetings throughout the COVID-19 pandemic, with all meetings being held virtually. In particular, the Quality and Safety Committee has held additional meetings in light of the pandemic and to seek assurance over the quality and safety of the services being provided by SCAS.

The Audit and Quality and Safety Committees jointly oversee governance, quality and risk within the organisation and provide assurance to the Board.

The Audit Committee also seeks assurance that financial reporting and internal control principles are applied. Its members at the end of 2020/21 were Mike Hawker (Chair), Sumit Biswas, Les Broude and Priya Singh, and five meetings were held during 2020/21.

The main focus of the Quality and Safety Committee is to enhance Board oversight of quality performance, and probe quality and care issues. During the COVID-19 pandemic, the Committee also oversaw the governance of the national services (COVID Response Service and COVID Clinical Advisory Service and Vaccination Helpline and Booking Service). Its members at the end of 2020/21 were Anne Stebbing (Chair), Sumit Biswas, Nigel Chapman and Priya Singh. Four regular meetings and three extra-ordinary meetings were held during 2020/21.

The Remuneration Committee is responsible for ensuring that a policy and process for the appointment, remuneration and terms of service, and performance review and appraisal, of the Chief Executive, executive directors and senior managers are in place. Its members at the end of 2020/21 were Sumit Biswas (Chair), Ian Green, Lena Samuels and Anne Stebbing and seven meetings were held during 2020/21.

The Charitable Funds Committee acts with delegated authority from the Board (the corporate trustee) to ensure that the South Central Ambulance Charity operates with appropriate governance. Its members at the end of 2020/21 were Nigel Chapman (Chair), Les Broude, Ian Green and Mike Hawker. Five meetings were held during 2020/21.

Attendance at meetings during 2020/21

The attendance at meetings during 2020/21 of those who have served on the Board, and reflecting their membership of the various committees, is as follows:

Name	Trust Board	Audit Committee	Quality and Safety Committee	Remuneration Committee	Charitable Funds Committee
Total meetings	6	5	7	7	5
NON-EXECUTIVE DIRECTORS					
Lena Samuels	6/6	N/A	N/A	7/7	N/A
Sumit Biswas	6/6	5/5	7/7	7/7	N/A
Les Broude	5/6	5/5	N/A	N/A	5/5
Nigel Chapman	6/6	N/A	7/7	N/A	5/5
Ian Green	4/5	N/A	N/A	4/4	4/4
Mike Hawker	6/6	5/5	N/A	N/A	4/5
Priya Singh	5/6	4/5	7/7	N/A	N/A
Anne Stebbing	6/6	N/A	7/7	6/7	N/A

Name	Trust Board	Audit Committee	Quality and Safety Committee	Remuneration Committee	Charitable Funds Committee
Total meetings	6	5	7	7	5
EXECUTIVE DIRECTORS					
Will Hancock	6/6	N/A	N/A	6/7	N/A
John Black	5/6	N/A	5/7	N/A	N/A
Jane Campbell	6/6	N/A	7/7	N/A	N/A
Mike Murphy	5/6	N/A	N/A	N/A	5/5
Charles Porter	6/6	4/5	N/A	N/A	N/A
Melanie Saunders	6/6	N/A	N/A	7/7	N/A
Paul Kempster	6/6	N/A	N/A	N/A	N/A
OTHER					
Professor Helen Young	6/6	N/A	5/7	N/A	N/A

The table includes attendance by the executive director at Board committees for which they are the Lead Director.

Professor Helen Young attended all meetings in her role as SRO for NHS 111 COVID Response Services.

3. COUNCIL OF GOVERNORS

The Trust's Council of Governors (CoG) plays an essential role in the governance of South Central Ambulance Service NHS Foundation Trust (SCAS), providing a forum through which the Board of Directors is accountable to the local community.

The Trust's Constitution, reflecting relevant legislation, sets out the key requirements in respect of the functioning of the CoG. This includes its general functions, which are to:

- hold the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors, and
- represent the interests of the members of the Trust as a whole and the interests of the public

SCAS became a Foundation Trust on 1 March 2012; the period 1 April 2020 to 31 March 2021 therefore represented the ninth full year of working for the SCAS CoG.

The outbreak of the COVID-19 pandemic impacted on the manner in which the CoG carried out its business during 2020/21. Meetings were held virtually and the focus on member and public engagement also switched to virtual and digital platforms. Despite this, the CoG continued to deliver its statutory duties and retain its focus on strong governance and accountability.

Membership and meetings

The CoG is chaired by the Trust Chair, in accordance with the Foundation Trust Code of Governance, and now has a full composition of twenty-eight Governors (this was increased from twenty-seven on 1 March 2021), as follows:

- fifteen elected Public Governors across four constituencies (Hampshire, Berkshire, Oxfordshire and Buckinghamshire)
- six elected Staff Governors – increased from five from 1 March 2021
- three appointed Local Authority Partner Governors
- two appointed Clinical Commissioning Group Partner Governors
- one appointed Partner Governor representing the Air Ambulance Charities
- one elected Community First Responder (CFR) Governor

Bob Duggan served his second year as Lead Governor (until 28 February 2021), with Barry Wood being elected as Lead Governor from 1 March 2021 (for a duration of two years until the end of February 2023). Mark Davis served his second year as Deputy Lead Governor and was re-elected into the post for a further two years from 1 March 2021.

The CoG started the year with twenty-six of the maximum twenty-seven Governors (at that time) in place; the vacancy at this point related to a Clinical Commissioning Group Partner Governor.

The CoG ended the year with twenty-six of the maximum twenty-eight Governors in place, and therefore two vacancies (Clinical Commissioning Group Partner Governor and Staff Governor representing Corporate and Support Staff).

There were a number of changes to the composition of the CoG during the year, including as a result of the Autumn 2020 Public and Staff Governor elections. At these elections, four public Governors were re-elected and six public Governors were elected for the first time. Five staff Governors were elected for the first time, with one Staff Constituency remaining unfilled.

During the year the CoG approved a constitutional amendment to the Staff Governor Constituencies, increasing the number of Staff Governor positions from five to six and separating out the previous contact centre positions into NHS111, 999 EOC and Patient Transport Services.

Details about each Governor, including biographies and declared interests, can be seen on the Trust's website at:

Meet our Governors | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

Formal meetings of the CoG

Due to COVID-19, the format of some CoG meetings changed, especially in the early stages of the pandemic. The Trust applied the governance arrangements set out by NHS England / Improvement, and some meetings were shorter and focused on providing an update to Governors on the impact of COVID-19.

The following formal meetings were held virtually in 2020/21:

- April's formal meeting was held in private; it was a shorter meeting and focused mainly on matters relating to COVID-19
- a formal private meeting was also held in June which replaced the planned CoG/Board workshop. Again the meeting heavily focused on matters relating to COVID-19 as well as the appointment of a new NED (Ian Green)
- from July 2021, formal meetings were again 'held in public' (albeit virtually) and reverted back to 'business as usual'. Three such meetings were held in July, October and January

In addition to the formal meetings, two working meetings were held:

- the October 2020 joint CoG/Board workshop considered the opportunities from COVID-19 and implications of the pandemic for the Trust's strategy
- in February 2021, a CoG/NED briefing session facilitated by SCAS' Director of Strategy and Business Development, provided a strategic update including in relation to key systems

All meetings in 2020/21 were held in accordance with the Trust's Constitution (i.e. were fully quorate). Each meeting was chaired by the Trust Chair, and was well attended by Board members, including NEDs.

Details of all CoG meetings in public can be found at:

Council of Governors meetings | South Central Ambulance Service NHS Foundation Trust (scas.nhs.uk)

The table in Appendix A on page 45 reports on the attendance of Governors at meetings of the CoG, including the five formal meetings held in public.

Duties and functions

Delivery of specific statutory duties

The Governors have a range of specific statutory duties, and all of the statutory duties relevant to 2020/21 were satisfactorily discharged.

Duty		Comments
Receive annual accounts, auditor's report and annual report	✔	The annual accounts and reports were received at the July 2020 CoG meeting.
Appoint and, if appropriate, remove the external auditor	✔	The CoG approved a one-year extension to the contract of the existing external auditors (Grant Thornton) at the meeting in January 2021.
Directors must have regard to Governors' views when preparing the forward plan	✔	The CoG and Board held an annual joint strategy workshop at which the Trust's future plans are discussed.
Appoint and, if appropriate, remove the Chair	N/A	Not required but Governors were extensively involved in the appraisal of the Chair.
Appoint and, if appropriate, remove the other Non-Executive Directors (NEDs)	✔	In 2020/21 three NEDs were reappointed for a second term of three years (Les Broude, Priya Singh and Anne Stebbing). The CoG also appointed Ian Green from 1 July 2020 for a term of three years. In addition, Governors were extensively involved in the appraisal of the NEDs.
Decide remuneration and terms of conditions for Chair and other NEDs	N/A	No changes to the terms of conditions for the Chair and other NEDs were discussed in 2020/21, as a result of prior consideration by the Nominations Committee.
Approve appointment of Chief Executive	N/A	No new appointment was made in 2020/21.
Approve significant transactions	N/A	No significant transactions required approval in 2020/21.
Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution	N/A	No such applications occurred in 2020/21.
Decide whether the Trust's non-NHS work would significantly interfere with its 'principal purpose'	N/A	This was not required during 2020/21.
Approve amendments to the Constitution	✔	The CoG approved an amendment to the Constitution to increase the number of Staff Governors from five to six.

Delivery of other duties and functions of the CoG

There are general duties for the Governors in relation to holding the Board of Directors to account for the performance of the Trust via the NEDs, and in representing the interests of the members and the public.

A range of mechanisms are in place to support the Governors with their holding to account role, including (but not exclusive to):

- ➔ all formal meetings of the CoG include an update from the Chief Executive on key strategic issues and operational performance, with an opportunity for Governors to ask questions. The format of CoG meetings is such that Governors can hear from the NEDs how they seek assurance and hold the Executive Directors to account for improving the performance of the Trust, and ask questions about this

- ➔ six Board meetings in public are held each year, and Governor attendance at these has been strongly promoted. Governors are able to ask questions at the meetings, with the responses recorded in detail in the Board minutes

- ➔ the Trust ensures that the Governors receive the papers for Board meetings one week ahead of the meeting, and the minutes on a timely basis subsequent to the meeting having taken place

- ➔ Governors are invited to attend and observe meetings of three of the Board's sub-committees: Audit, Charitable Funds, and Quality and Safety

- ➔ Governors have an assigned NED 'buddy' to help develop their understanding of how the NEDs seek assurance over the day-to-day running of the organisation

- ➔ Governors have a detailed involvement in the appraisal of the Chair and NEDs

- ➔ information is regularly circulated by the Company Secretariat to keep Governors up-to-date on key Trust issues, developments, and performance, with any questions and comments being responded to as appropriate. During COVID-19 Governors have received a fortnightly written briefing designed to keep them fully updated on key Trust issues

During 2020/21, most of the Trust's Governors attended at least one of the Board meetings in public (meetings were held virtually due to the COVID-19 pandemic).

The work of the Membership and Engagement Committee has been key to the Governors' other general duty of representing the interests of the members and the public. Engaging with the public has been particularly challenging during the COVID-19 pandemic, with technology being utilised to increase opportunities for engagement with Trust members and members of the public in order to ascertain their views on the Trust.

CoG Sub-Committees

The CoG has two formal sub-committees: the Nominations Committee, and the Membership and Engagement Committee. Details of their meetings and work programmes are explained below.

Nominations Committee

One of two formal sub-committees, the Nominations Committee is chaired by the Trust Chair and has five other Governor members (the Lead Governor and one Governor each from the categories of Public, Staff, CFR and Appointed Partner).

The Nominations Committee met twice during 2020/21 and the attendance of members at this meeting can be seen at Appendix A.

At these meetings the Nominations Committee:

- ➔ considered the reappointment of three NEDs (Les Broude, Priya Singh, Anne Stebbing) for a second term of office, making recommendations which were subsequently approved by the full CoG
- ➔ considered arrangements for the annual Chair and NED appraisals, including how to capture the input of Governors. Subsequent recommendations were approved by the full CoG
- ➔ considered succession planning for future NED appointments/reappointments

Due to some changes within the CoG resulting from the 2020 elections, there were some changes to the Nominations Committee membership which took effect from 1 March 2021. An informal handover session was held in early March to support incoming members and to provide an overview of the committee and the current position in relation to key workstreams.

Membership and Engagement Committee

The CoG has an established Membership and Engagement Committee, whose main role is to recommend strategies to the CoG for the recruitment of, and engagement with, Trust members.

The Membership and Engagement Committee ended the year with seven members, comprising five Public Governors, one CFR Governor and one appointed Partner Governor.

The Membership and Engagement Committee met on three occasions during 2020/21; meeting attendance levels can be seen at Appendix A.

During the year, the Membership and Engagement Committee has:

- ➔ reviewed an interim strategy for engagement during the COVID-19 pandemic
- ➔ contributed to the development of a Trust Membership survey, sent out to all Trust members (public and staff)
- ➔ reviewed the approach for engaging with Trust members, including through social media, Governor-led themes on key topics (such as dementia) and the creation of campaigns for engagement

Governor support, training and development

Support, training and development

The Trust has a formal duty to ensure that Governors are equipped with the skills and knowledge they require to undertake their role; during the course of the year the Trust has supported Governors in this respect. In addition to the mechanisms outlined to support the general duties of Governors, the Trust has:

- ➔ provided a comprehensive and tailored induction programme for all new Governors
- ➔ provided opportunities for Governors to develop their understanding of the work of the Trust and its NEDs, including attendance at Board committee meetings
- ➔ provided access to relevant external training (e.g. NHS Providers etc.)
- ➔ arranged two virtual briefing sessions in accordance with Governor needs; one session looked at the Trust's process for handling Serious Incidents Requiring Investigations and the other looked at how the Trust manages its fleet
- ➔ issued regular briefings and bulletins on SCAS, COVID-19 and the wider NHS
- ➔ created a handbook for Governors and provided a new portal
- ➔ in January 2021, a survey was issued to both Governors and NEDs to obtain feedback on numerous aspects including: CoG meetings, training and development, and engagement. The results from the survey have been compiled and an action plan has been created to continue the work to further develop and improve the functioning of CoG

Conclusions and priorities for 2021/2022

Conclusions

The CoG has overseen some major achievements during a very challenging 2020/21 and helped contribute to the overall success of the Trust. It has effectively delivered all of the relevant statutory duties for the year, including holding the NEDs to account for the performance of the Trust.

The results from the Annual Governors Survey confirmed that the CoG continues to have a good working relationship with the Board of Directors, and Directors regularly attend CoG meetings to answer questions, participate in discussions, and help the Governors deliver their statutory duties. In turn, the Trust has benefitted from the perspectives brought by a diverse group of Governors, as well as its support during COVID-19.

Priorities for 2021/2022

The CoG has identified the following priorities for 2021/2022

1. Engagement - developing arrangements further for engaging in a meaningful way with the Trust's membership (public and staff) and ensuring that the interests of both members and the public are suitably represented and that their views are brought to the attention of the Trust. In 2021/22 this will include:

- ➔ adapting to the current position in terms of COVID-19, and engaging in the most appropriate and effective way to overcome any constraints and restrictions
- ➔ a focus on engaging more effectively with younger people and 'seldom heard' groups
- ➔ ensuring that the Trust's representation and engagement work takes account of the changing NHS landscape and effectively conveys the strategic themes and ambitions of the Trust over the coming year

2. Holding to Account - given the challenges faced by the NHS, and the growing emphasis on system working, continuing the strong focus that the Governors have in terms of holding the Board to account, via the NEDs, for the performance of the Trust.

3. Contributing to Strategy - supporting the Trust with the review and updating of its Strategic Plan during 2021, including through the Strategy Workshop planned for June 2021.

4. Working Effectively – implementing the CoG Development Action Plan, including acting on the feedback from the Governors Annual Survey undertaken in January 2021. This includes a range of actions in order to enhance the performance of the CoG, effectiveness of meetings and the continued development of the Governors; as well as continuing to enrich the relationships between Governors and NEDs and build upon the work already delivered during 2020/21.

A key task will also be to ensure that the CoG functions as cohesively as possible – especially given the number of new Governors who started in March 2021 - and supports the values of the Trust. There will be a continued need to work flexibly and in accordance with Government guidelines, given the constraints caused by COVID-19.

Appendix A: Attendance at meetings for all Governors who served during 2020/21 (1)

Governor	Constituency	Current term of office	Formal CoG meetings (2)	Membership and Engagement Committee	Nominations Committee	Workshops with Board of Directors (3)
Andy Bartlett	Public – Hampshire	1/3/2021 – 29/2/2024	5/5	N/A	N/A	2/2
Loren Bennett	Staff - PTS	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Stephen Bromhall	Public – Bucks	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Laurence Chacksfield (4)	Public – Hampshire	1/3/2020 – 28/2/2023	2/3	N/A	N/A	N/A
Laurence Chacksfield	Public – Berkshire	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Sabrina Chetcuti	Partner – CCG	1/7/2019 – 30/6/2022	5/5	N/A	N/A	2/2
Mathew Clark	Public – Bucks	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Richard Coates (5)	Public – Hampshire	1/3/2020 – 28/2/2023	0/3	N/A	N/A	N/A
Rachael Cook	Staff – 999 EOC	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Anne Crampton (6)	Partner – LA	1/4/2017 – 31/3/2021	5/5	N/A	N/A	2/2
Emma Crozier (7)	Staff - PTS	1/3/2018 – 28/2/2021	3/5	N/A	N/A	0/2
Mark Davis	Public – Berkshire / Deputy Lead Governor	1/3/2020 – 28/2/2023	2/5	2/3	N/A	0/2
Bernadette Devine (8)	Public – Bucks	1/3/2018 – 28/2/2021	1/4	1/2	N/A	1/1
Claire Dobbs	Partner – Charity	1/10/2020 – 30/09/2023	2/2	1/1	N/A	2/2
Lynn Dove-Dixon (9)	Staff – Corp/ support	1/3/2018 – 28/2/2021	2/5	2/3	N/A	2/2
David Drew	Partner – Charity	1/10/2017 – 30/9/2020	3/4	1/1	N/A	N/A

Governor	Constituency	Current term of office	Formal CoG meetings (2)	Membership and Engagement Committee	Nominations Committee	Workshops with Board of Directors (3)
Bob Duggan (10)	Public – Bucks / Lead Governor	1/3/2018 – 28/2/2021	5/5	3/3	2/2	2/2
Jim Dunderdale (11)	Staff – Contact Centres	1/3/2018 – 28/2/2021	0/5	N/A	N/A	0/5
Frank Epstein	Public – Berkshire	1/3/2020 – 28/2/2023	5/5	3/3	N/A	2/2
Hilary Foley	Public – Hampshire	1/3/2020 – 28/2/2023	5/5	N/A	N/A	2/2
Colin Godbold (12)	Public – Berkshire	1/3/2018 – 28/2/2021	5/5	N/A	2/2	2/2
Sherri Green	Staff – NHS111	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Stephen Haynes (13)	Public – Oxfordshire	1/3/2018 – 28/2/2021	5/5	N/A	N/A	2/2
Graeme Hoskin	Partner - LA	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Keith House (14)	Partner – LA	1/3/2018 – 28/2/2021	4/5	N/A	2/2	1/2
Loretta Light	Public – Oxfordshire	1/3/2021 – 29/2/2024	5/5	3/3	N/A	2/2
David Luckett	Public – Hampshire	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Charles McGill	Public – Hampshire	1/3/2021 – 29/2/2024	4/5	2/3	N/A	2/2
Kate Moss (15)	Staff – 999 North	1/3/2018 – 28/2/2021	1/5	N/A	N/A	1/2
Tony Nicholson	Public – Hampshire	1/3/2021 – 29/2/2024	5/5	3/3	N/A	2/2
David Palmer (16)	Staff - 999 South	1/3/2018 – 28/2/2021	5/5	N/A	2/2	2/2
MayBeth Pardey	Staff – 999 South	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Mark Perryman	Public – Hampshire	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Helen Ramsay	Public – Oxfordshire	1/3/2020 – 28/2/2023	5/5	N/A	N/A	2/2

Governor	Constituency	Current term of office	Formal CoG meetings (2)	Membership and Engagement Committee	Nominations Committee	Workshops with Board of Directors (3)
Ken Roberts	Public – Bucks	1/3/2020 – 28/2/2023	5/5	N/A	N/A	2/2
David Ross	CFR Governor	1/3/2020 – 28/2/2023	4/5	1/3	0/1	2/2
Ian Sayer	Staff – 999 North	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
David Wesson	Public – Oxfordshire	1/3/2021 – 29/2/2024	N/A	N/A	N/A	N/A
Barry Wood	Partner – LA	1/7/2019 – 30/6/2022	5/5	N/A	N/A	2/2

KEY

(1) this is a full record of the Governors who served during 2020/21. Those highlighted in bold were in post at the end of the 2020/21 year (i.e. on 31 March 2021)

(2) formal meetings in private were held virtually on 8 April 2020 and 10 June 2020. Formal meetings in public were held virtually on 23 July 2020, 6 October 2020, 11 January 2021

(3) workshops in private held jointly with the Board of Directors on 15 October 2020 and 9 February 2021

(4) resigned on 7 October 2020 (term of office was until 28 February 2021)

(5) resigned on 5 October 2020 (term of office was until 28 February 2021)

(6) reappointed by South East England Councils for a second term of three years from 1 April 2021

(7) did not seek re-appointment when term of office expired on 28 February 2021

(8) resigned on 9 November 2020 (term of office was until 28 February 2021)

(9) did not seek re-appointment when term of office expired on 28 February 2021

(10) served the maximum of three terms as a Governor

(11) did not seek re-appointment when term of office expired on 28 February 2021

(12) did not seek re-appointment when term of office expired on 28 February 2021

(13) did not seek re-appointment when term of office expired on 28 February 2021

(14) served the maximum of three terms as a Governor

(15) did not seek re-appointment when term of office expired on 28 February 2021

(16) served the maximum of three terms as a Governor

4. MEMBERSHIP AND PUBLIC ENGAGEMENT

NHS foundation trusts (FTs) were created in 2004 with the objective of working more closely with their local communities to ensure services meet the needs of current and future patients. SCAS NHS FT was established in March 2012 and our membership continues to be an asset for the organisation in ensuring that the voices of our local communities are heard and reflected in how SCAS is run and services are delivered.

Our membership can be hugely beneficial to the Trust, in particular by being advocates for the Trust in their engagement with the wider health system, other organisations and the public. They can provide a pool of committed individuals who can offer feedback and advice to the Trust on how well it is doing and how it could improve and strengthen the legitimacy of Governors through competitive elections and by holding them to account for their responsibilities and actions.

The Trust is committed to continue to engage with its public and staff members, provide opportunities for Governors to communicate with members and the public as a whole and to understand their views and improve diversity in its membership representation.

SCAS FT members

SCAS has a total membership of 15,648 members as of 31 March 2021, broken down as follows:

Public constituency

Members of the public aged 14 and over are eligible to become public members of the Trust if they live in, or have a connection with, the core area in which SCAS provides services (Buckinghamshire, Berkshire, Oxfordshire and Hampshire).

Staff constituency

Any SCAS staff member with a permanent contract or a fixed term contract of 12 months or longer, is eligible to become a member of the Trust. Staff who join the Trust, are automatically opted into membership and advised how they can opt out if they wish.

The public membership breakdown by category on 31 March 2021 is shown below.

Age	
0 – 16	9
17 – 21	185
22 – 29	1058
30 – 39	1677
40 – 49	1970
50 – 59	2079
60 – 74	2385
75 +	1442
Not Stated	272

Gender	
Male	4466
Female	6518
Unspecified	93

Ethnicity	
White - English, Welsh, Scottish, Northern Irish, British	8503
White - Irish	116
White - Gypsy or Irish Traveller	4
White - Other	252
Mixed - White and Black Caribbean	43
Mixed - White and Black African	29
Mixed - White and Asian	52
Mixed - Other Mixed	37
Asian or Asian British - Indian	195
Asian or Asian British - Pakistani	138
Asian or Asian British - Bangladeshi	24
Asian or Asian British - Chinese	29
Asian or Asian British - Other Asian	77
Black or Black British - African	135
Black or Black British - Caribbean	62
Black or Black British - Other Black	27
Other Ethnic Group - Arab	14
Other Ethnic Group - Any Other Ethnic Group	50
Not stated	1290

Acorn Socio-Economic Group	
Lavish Lifestyles [A]	133
Executive Wealth [B]	2123
Mature Money [C]	1179
City Sophisticates [D]	48
Career Climbers [E]	968
Countryside Communities [F]	209
Successful Suburbs [G]	905
Steady Neighbourhoods [H]	1094
Comfortable Seniors [I]	189
Starting Out [J]	650
Student Life [K]	189
Modest Means [L]	409
Striving Families [M]	1249
Poorer Pensioners [N]	318
Young Hardship [O]	308
Struggling Estates [P]	421
Difficult Circumstances [Q]	489
Not Private Households [R]	160
Not available [NA]	36

Public engagement

The Trust has continued to communicate and engage with our membership and the wider public during the pandemic. We have had to innovate as some of our usual methods have not been possible due to COVID-19.

At the start of the pandemic we explored and implemented alternative communication and engagement channels to continue to effectively engage and communicate with members and the public, which ensured we could continue to meet our objectives set out in the SCAS Communications Strategy.

We use customer relationship management (CRM) system which hold our membership data and enable us to analyse and monitor our membership and send out communications. We work to ensure that our membership is as representative as possible of the communities we serve and focus on engagement with under-represented groups.

This year we sent out a letter to our postal members to ask for their email addresses to improve communication during the pandemic and afterwards, and to reduce costs. We set up an e-bulletin with a dedicated page on the SCAS website, which was sent out monthly to our members and stakeholders.

Instead of running public talks we have made a series of short films on topics and themes suggested by our Governors who represent their members. These films were posted on social media to encourage

social listening, linked to from the e-bulletin, posted on the SCAS website and shared with stakeholders and partner organisations. In total the films were viewed 947 times on the website, 3,335 on YouTube and reached 11,736 people on Twitter and 48,429 on Facebook.

Whilst we have not been able to attend events, we have shared digital resources with stakeholders and participated in virtual events when possible. Instead of school visits, we have shared digital resources including activity packs, films, presentations, and links to the SCASKids and SCASYouth websites.

In June 2020 we sent online resources and details of competitions to 2,074 pre-schools, primary and secondary schools, 482 parish councils and the youth competition was sent to 89 youth organisations. Details of both competitions were posted on Facebook and in the members' e-bulletin.

Public and Staff Governor elections ran from September with a campaign to our membership launched earlier in the year to promote nominations. The campaign used social media and other channels, using a range of images and messages that promoted diversity and focused on the qualities needed to become a Governor.

We conducted a survey of public and staff members to get feedback on the efficacy of our communications and engagement with them over the year. Public members reported the most useful methods of communication are the SCAS website, our members' e-bulletin and Your Health Matters (public talks/short films). Suggestions for improvement included SMS messages, a members' app and alerts. Members have particularly enjoyed events and SCAS in the community, which we hope will become possible again soon.

Staff members reported team meetings and the dedicated FT page on the SCAS hub as the most useful method of communication and have enjoyed taking part in events and representing SCAS.

Contacting a SCAS Governor or Board Director

If a Foundation Trust Member or member of the public wishes to contact one of the Governors or directors at SCAS, please contact the Membership Office in the following ways:

By email: **getinvolved@scas.nhs.uk**

By telephone: **01869 365000**

By post: **FREEPOST Communications – Membership**
South Central Ambulance Service NHS Foundation Trust
Freepost RSJY-USUX-GKBE
7-8 Talisman Business Centre
Talisman Road
Bicester
Oxfordshire
OX26 6HR

5. STAFF REPORT

5.1 Our Workforce

The Coronavirus pandemic presented new challenges to the recruitment and training of new staff during 2020/21. With smaller class sizes, changes to selection processes and increases in demand across all areas of the Trust, SCAS employed 972 new employees in 2020/21.

999 Front-Line

The ongoing development of our workforce and the recruitment of additional resources within our 999 front-line services continued to be a key challenge for SCAS during 2020/21. Over the past 12 months, SCAS has welcomed a total of 330 new 999 frontline recruits. Attrition amongst 999 frontline services as at 31 March 2021 stands at 9% (14% 31 March 2020); the vacancy rate in 999 is currently at 14% (13% 31 March 2020).

Emergency Operations Centre (EOC)

Maintaining an effective emergency contact centre environment during the Coronavirus pandemic was the key challenge for SCAS during 2020/21. Over the past 12 months, SCAS has welcomed a total of 108 EOC recruits. Attrition in EOC as at 31 March 2021 stands at 26% (37% 31 March 2020); the vacancy rate in EOC is currently at 1% (9% 31 March 2020).

NHS 111

High demand on the NHS 111 service during the Coronavirus pandemic, combined with the 111 First launch in Q3 2020 meant that a significant increase in staff would be the key challenge for SCAS during 2020/21. Over the past 12 months, SCAS has welcomed a total of 372 111 recruits. Attrition in 111 as at 31 March 2021 stands at 49% (50% 31 March 2020); the vacancy rate in 111 is currently at 2% (4% 31 March 2020).

PATIENT TRANSPORT SERVICE (PTS)

Maintaining service levels in PTS, whilst operating under Coronavirus restrictions would be the key challenge for SCAS during 2020/21. Over the past 12 months, SCAS has welcomed a total of 192 PTS recruits. Attrition in PTS as at 31 March 2021 stands at 20% (30% 31 March 2020); the vacancy rate in PTS is currently at 2% (1% 31 March 2020).

The following tables show a breakdown of the Trust's workforce by service area.

Organisation	Headcount	
	31/03/2020	31/03/2021
999 Frontline	1900	2023
EOC	300	349
NHS 111	445	622
Operational Support Services	83	209
Patient Transport Services	872	910
Commercial Logistics	48	48
Corporate Support Services	410	390
Grand Total	**4,058**	**4,551**

The following tables show a breakdown of the Trust's workforce by age, ethnicity and gender, as well as disability information, for 2018/19 and 2019/20 respectively.

Ethnic Group	Headcount	%	Headcount	%
	31/03/2020		31/03/2021	
A	3422	84%	3842	85%
B-C	218	5%	234	5%
D-G	47	1%	53	1%
H-L	53	1%	89	2%
M-P	42	1%	73	2%
R-S	13	0%	17	0%
Z	263	6%	243	5%
Grand Total	4,058		4,551	

Ethnicity codes			
A	White- British	J	Asian or Asian British - Indian
B	White- Irish	L	Asian or Asian British - Any other Asian background
C	Any other White background	M	Black or Black British - Caribbean
D	Mixed - White and Black Caribbean	N	Black or Black British - African
E	Mixed - White and Black African	P	Black Nigerian or Black British
F	Mixed - White and Asian	Q	Chinese
G	Mixed - Any other Mixed background	R	Other specified
H	Asian or Asian British - Indian	Z	Not stated

Age Profile	Headcount	%	Headcount	%
	31/03/2020		31/03/2021	
<20	58	1%	63	1%
20-30	1011	25%	1124	25%
31-40	905	22%	1060	23%
41-50	1013	25%	1092	24%
51-60	838	21%	940	21%
61-70	222	5%	260	6%
71+	11	0%	12	0%
Grand Total	**4,058**		**4,551**	

Gender	Headcount	%	Headcount	%
	31/03/2020		31/03/2021	
Female	2117	52%	2111	46%
Male	1941	48%	2440	54%
Grand Total	**4,058**		**4,551**	

CAT	Headcount
999 Frontline	2023
EOC	349
NHS 111	622
Operational Support Services	209
Patient Transport Services	910
Commercial Logistics	48
Corporate Support Services	390
Grand Total	**4,551**

The gender split of Non-Executive Directors at end of 2020/21 was:

Female: 3 (37%)

Male: 5 (63%)

The gender split of Executive Directors at end of 2020/21 was:

Female: 2 (29%)

Male: 5 (71%)

Within the Trust, SCAS defines senior managers as members of the Board, comprising Non-Executive and Executive Directors. The gender split for the Board is:

Female: 5 (33%)

Male: 10 (67%)

Disability	Headcount	%	Headcount	%
	31/03/2020		31/03/2021	
Yes	188	5%	245	5%
No	3262	80%	3721	82%
Not declared	398	10%	476	11%
Unspecified	210	5%	109	2%
Grand Total	**4,058**		**4,551**	

Sickness absence

Sickness absence in 2020/21 has been impacted by Coronavirus, with increased overall sickness rates, staff shielding, and other absence episodes recorded as part of the pandemic. To reflect this, sickness absence has been split into 'Standard' and 'COVID-19' sickness. To benchmark against the 2019/20 annual report, the following statement excludes COVID-19 sickness, but does identify them in the table below.

Organisation	% Sickness Rate		
	Standard	COVID-19	Total
999 Frontline	7.3%	2.6%	9.9%
EOC	5.9%	3.1%	9.0%
NHS 111	8.8%	5.2%	13.9%
Operational Support Services	4.1%	1.1%	5.2%
Patient Transport Services	7.4%	4.4%	11.8%
Commercial Logistics	4.5%	7.9%	12.4%
Corporate Support Services	2.2%	0.6%	2.8%
Trust Total	**6.6%**	**3.1%**	**9.7%**

The overall sickness rate for the Trust for 2020/21 was 6.6% (6.7% in 2019/20) which equated to 15.2 days lost per person (13.8 days lost in 2017/18).

The Long-Term Sickness Rate for 2020/21 was 3.8%, with the Short-Term Rate also being 3.8%. The highest reason for sickness remains MSK (musculoskeletal) factors followed by illness due to mental health (which includes both work and personal-related mental ill health). Improving attendance at work will remain our focus for the coming year.

5.2 Staff Costs

Staff costs (Audited)

	Group			
	Permanent £000	Other £000	2020/21 Total £000	2019/20 Total £000
Salaries and wages	162,283		162,283	120,515
Social security costs	15,510		15,510	11,353
Apprenticeship levy	778		778	529
Pension cost - employer contributions to NHS pension scheme	26,882		26,882	21,345
Temporary staff - agency/contract staff		5,966	5,966	2,529
TOTAL GROSS STAFF COSTS	**207,088**	**5,966**	**211,419**	**156,271**
Included within: Costs capitalised as part of assets	-	-	-	-

Average Number of Employees (WTE basis) (Audited)

	2020/21 Permanent Number	Other Number	2019/20 Permanent Number	Other Number
Medical and dental	-		-	
Ambulance staff	2,334		1,933	
Administration and estates	1,380	29	1,172	11
Healthcare assistants and other support staff	607	4	632	3
Nursing, midwifery and health visiting staff	117	9	92	8
Nursing, midwifery and health visiting learners	-		-	
Scientific, therapeutic and technical staff	-		-	
Healthcare science staff	-		-	
Social care staff	-		-	
Other	-		-	
Total average numbers	**4,438**	**42**	**3,829**	**22**

Expenditure on consultancy was £382k (2019/20 £328k which was mainly attributed to ICT projects (see 5.1 in the Annual Accounts, page 132).

Reporting of Compensation Schemes

The Group had nil compensation packages in 2020/21 (2019/20: nil).

The Group had no other non-compulsory departure costs in 2020/21 (2019/20: nil).

Payments to past senior managers

The Group had not payments to past senior managers in 2020/21 (2019/20; nil).

Payments for loss of office

The Group had no payments for loss of office in 2020/21 (2019/20: nil).

5.3 Staff Policies and Actions

HR Policies & Procedures

During 2020-21 there were inevitably delays in reviewing HR policies while the focus was on operationally meeting the needs of the service during unprecedented times. To accommodate this the review dates of some policies and procedures were extended. However during the year we were able to review, update and publish 7 policies.

The review of any people policy is carried out in partnership with our union, management and staff side colleagues before being ratified at the Trust Joint Negotiating and Consultative Committee. These reviews have continued to be in line with the SCAS Leadership programme and this year considering the principles of a Just & Learning Culture and NHS People Plan.

We are currently developing a new approach to our people policies, to ensure they are fit for purpose as we move towards implementing a programme of just and learning culture. The core principles of this will be to ensure that a blame culture is minimised and staff are managed fairly, transparently and with compassion and any learning is identified for both individuals and the Trust.

It is our intent to ensure that both managers and staff are empowered to fully encompass and encourage the contribution all staff can make to their role within SCAS. An important aspect of this transition is to ensure that learning is taken from each situation, so the same errors do not continue to occur and the employee relations within the Trust are a positive feature to ensure we are an employer of choice.

Job Evaluation

We continue to undertake job matching and job evaluation using the NHS Job Evaluation System. Despite operational constraints we have been able to keep up to pace with the number of jobs coming through for job matching.

Policies Relating to Disabled Persons

No new policies were implemented in this financial year. All HR policies are mindful of the importance of people with disabilities applying for roles within the Trust and this continues throughout their employment.

Our Education Department introduced guidance on making reasonable adjustments during training, although there are limitations to what SCAS can do due to qualifications being awarded from external bodies and therefore we have to abide by their requirements.

This guidance states that assessments must be a fair test of learner's knowledge, skills and understanding, but for some learners the usual form of assessment may not be suitable. SCAS will ensure that the education, training and assessment that we deliver does not prevent staff from accessing learning and development courses.

To ensure that access to fair assessment can be maintained, SCAS puts provision in place for reasonable adjustments and special consideration so that learners can receive the recognition they deserve as long as achievements are valid, reliable and can be assured.

Consultation with Staff and Their Representatives

SCAS values the positive contribution a constructive and genuine partnership approach to providing services can bring, and the Trust and the Trade Unions share a common objective in ensuring the effective delivery of health services.

To assist in achieving our goals staff representatives are engaged in the operation and decision making within SCAS and are active participants in a numerous committees and sub committees including:

- ➔ Joint Consultative Committee
- ➔ Operations Partnership Forum
- ➔ PTS Partnership forum
- ➔ NHS 111 Partnership Forum
- ➔ Operations PRG
- ➔ HR PRG
- ➔ Health & Safety Committee

In addition to the standing committees and ad hoc committees established to respond to business needs staff representatives have worked in partnership on the SCAS Covid response, negotiating and supporting new work activities and practices, being members of various Covid committees and supporting the SCAS vaccine programme.

Quarterly reports from our Freedom to Speak Up (FTSU) activity is presented to and discussed at SCAS Board public meetings, and 'So What Have We Leant?' information is shared on the SCAS intranet site. The SCAS FTSU annual report will include data on closure surveys, and we apply the latest iteration of the Leaders / Managers guidance which is based on the Francis recommendations.

We use the AACE 'National Ambulance Network for FTSU' framework form which includes feedback prompts, and this is in line with the Francis recommendations and National Guardian Office best practice guidance.

Leadership, Training and Culture Development

Essential Skills for People Managers (ESPM)

Prior to the pandemic HR delivered policy training for line managers and team leaders via a face to face forum. This training compromised of investigations and disciplinaries, appraisal, absence and performance management and a series of online workshops which included training on issues such as managing return to work interviews and flexible working.

Whilst generally well-received this training could be improved for a number of reasons, specifically:

- ➔ it was too "policy focused" encouraging managers to follow the steps in a policy rather than using the policy as a guide to inform decision making
- ➔ attendance was not prioritised as managers would often cancel their place on the training at the last minute
- ➔ learning needs were sometimes unmet as evidenced by repeat attendees on the same course or managers requiring significant HR support to manage an employee relations issue after attending the relevant course
- ➔ it was costly for the Trust (e.g. rooms, travel expenses to training location)

As such the HR development offer has been redesigned and is now in alignment with SCAS's cultural shift towards compassionate leadership, the principles of a restorative *Just Culture* and the *NHS People Plan*.

The 2-day online program is called Essential Skills for People Manager's (ESPM) and consists of the following:

- ➔ Introduction to a Just Culture
- ➔ Civility Matters
- ➔ Critical Analysis
- ➔ Employment Law Essentials
- ➔ Know Your HR policies
- ➔ Critical thinking in action
- ➔ NHS People Plan

The first cohort is planned for 26- 27 May and the program will then be delivered twice a month until all managers in SCAS with line management responsibility (approximately 365) have attended.

SCAS Leader

Our leadership development programme for all line managers, SCAS Leader, was suspended in March 2020 due to the COVID-19 pandemic with the intention of reinstating as soon as possible. As the year progressed, however, it became apparent that the programme needed to become virtual at least in the short to medium term. Consequently, the content was refreshed and redesigned for virtual delivery with the first cohort being trialled in October.

It remains a 6-day, 3 module programme with mixed cohorts and a strong emphasis on interactive, experiential learning. Early feedback has been excellent with most participants pleased to access it from home. Several have commented that they weren't sure about a virtual programme beforehand but in the event would now recommend it remaining virtual despite easing restrictions. No decision on this has yet been made.

A new cohort of 15-18 begins each month and courses become fully booked as soon as they are advertised. Eligibility has now been widened to include other influential leadership roles, e.g. clinical educators and HR advisors, despite not being line managers. Virtual delivery is very intense, so the next step is to recruit and train further facilitators to ensure delivery remains sustainable over the coming months.

By the beginning of May 2021, approximately 240 line managers had completed the programme since its launch in April 2019, including 50 via the virtual programme.

Team development

We continue to support a number of teams across SCAS to focus on areas of development pertinent to them. For example, developing customer service in the Digital directorate; a series of events for the operational HR team; and some group coaching for a 999 leadership team. In addition, managers and staff members regularly seek 1:1 advice, support and coaching on situations within their areas or with their own career progression.

360 feedback

Several 360 feedback sessions have been facilitated as an optional follow up to SCAS Leader and we now have a number of facilitators in house. We also have acquired a license to train further facilitators and have done this in 2020 both for SCAS and across the ICS system.

Coaching

In 2020, we commissioned an ILM Level 5 coaching course to train a cohort of ten SCAS coaches. We were also able to offer two spaces to ICS partners, Frimley Health and Berkshire Healthcare. This supports the creation of a coaching culture and a specific coaching resource for our own staff in addition to contributing to the wider system. We are aiming to commission a further cohort in September 2021.

Culture and Leadership Network for Ambulance Services (CALNAS)

SCAS continues to hold the Deputy Chair position on the CALNAS network. Accountable to the national HRD group and AACE, CALNAS aims to share, promote and lead culture development across the ambulance sector in the UK. The group has been formed to lead on cross-sector developments in this area with direct support from NHSi. COVID-19 has extended the timescales for the CALNAS agenda but will still be relevant in due course.

Reverse mentoring

An initiative prioritised by the CALNAS conference in January 2020, SCAS launched its first cohort of reverse mentoring in March 2021. The cohort comprises seven mentor/mentee pairs where the mentors are SCAS staff identifying as Black or Asian (BAME) and the mentees are senior managers identifying as White. The pairs are expected to meet 3-4 times over the six months March to August for the mentees to learn about the daily experience of being a person of colour in SCAS. In light of Black Lives Matter and the disproportionate impact of COVID-19 on people of colour in the UK, it was appropriate that the first cohort should focus on the BAME staff network which was launched in August 2020. Learning and evaluation after this cohort may lead to an opportunity to focus on the other staff networks in SCAS or other minority groups.

Health and Safety

SCAS recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all its subordinate regulations. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all its employees, including those who work on behalf of the Trust.

The Trust has 18 health and safety policies, and all of these policies are currently in date as at the 31st March 2021.

Due to the global COVID-19 pandemic, the Joint Health and Safety Inspection Plan and programme whereby all Trust premises are inspected by a member of the Risk Team and a Staff Side representative has been put on hold. Post COVID-19, a new plan and programme of inspections will be devised.

However, the Head of Risk and Security devised a 'Safe workplaces; prevent staff from contracting COVID-19 risk assessment' and all Trust premises have completed and reviewed this risk assessment. Currently these risk assessments are being reviewed and they will be reviewed every quarter.

In addition to these, a number of 'task' based risk assessments about preventing frontline Operational staff (999; Non-emergency Patient Transport Service and Community First responders) from contracting Covid-19 when attending to patients whilst wearing level 2 and level 3 personal protective equipment (PPE) have been carried out and reviewed and revised.

During the global COVID-19 pandemic, many office based staff, with the exception of those who work in the Clinical Coordination Centre (CCC), have been working from home and over 400 display screen equipment risk assessments have been carried out for these staff.

Moreover, individual risk assessments for staff who might be particularly vulnerable to COVID-19 have also been carried out.

All of the 'task' based risk assessments and associated manual handling risk assessments in Operations which were on the list agreed by the Health, Safety and Risk Group have been completed. The Patient Transport Service is currently working to complete all of its 'task' based risk assessments.

The Risk Team have carried out a wholesale review of the Control of Substances Hazardous to Health (COSHH) risk assessments and, where necessary, generic risk assessments have been reviewed and revised. Work is currently on going to amend and revise these risk assessments to reflect individual circumstances in Trust premises so that each premises have their own specific COSHH risk assessments.

In 2020/21, the Head of Risk and Security delivered and presented to managers and staff:

➔ 12 training courses in how to carry out a task-based risk assessment and a stress risk assessment

➔ one training course in how to carry out a task-based risk assessment

➔ four training courses in how to carry out a display screen equipment risk assessment

Overall, 320 managers and staff have been trained in how to carry out a task-based risk assessment, and 320 managers and staff trained in how to carry out a stress risk assessment. The Trust also has 160 managers and staff trained to carry out a display screen assessment.

The Trust has an electronic incident reporting system called Datix and all staff are encouraged to report every incident, injury, accident or dangerous occurrence on Datix. In 2020/21 the total number of incidents reported was 7,203 (2019/20: 6,750 incidents; 2018/19: 6,244 incidents; 2017/18: 6,300 incidents). As such, the Trust continues to have a healthy reporting culture with appropriate investigative and remedial action taken to prevent reoccurrence.

In 2021, the Trust successfully secured £400K from NHS England and NHS Improvement to undertake a body worn cameras pilot. All Ambulance Trusts will be taking part in this pilot which, at SCAS will start in May 2021 and will be 12 months in duration. The Trust has purchased 690 body worn cameras and these will be issued to frontline 999 Operations staff throughout the Trust.

Trade Union Facility Time Disclosures

Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
70	**68.3**

Percentage of time spent on facility time

How many of your employees who were relevant union officials during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	**29**
1-50%	**38**
51%-99%	**3**
100%	**0**

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

Provide the total cost of facility time	**£255,147**
Provide the total pay bill	**£158,402,959**
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.16%**

Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	**18.4%**

Countering fraud

The Trust has a responsibility to ensure that public money is spent appropriately. SCAS has policies in place to counter fraud and corruption; these include Standing Financial Instructions, a Detection and Prevention of Fraud and Corruption Policy and an Anti-Bribery Policy.

The Trust receives its anti-fraud service from TIAA Ltd. An annual work plan is developed to meet the requirements of the NHS Protect Anti-Fraud Strategy and this is shared with the Trust's Audit Committee along with the Annual Report on counter fraud activities.

There have been no significant fraud issues or threats in the year affecting the Trust. The Trust's Local Counter Fraud Specialist continues to work closely with the Trust in making them aware of risk areas to the Trust so that the Trust can make arrangements to reduce that risk.

5.4 Annual NHS Staff Survey

2020 was a highly challenging for so many people in so many ways, and despite these difficulties, we had an extremely encouraging response to the NHS Staff Survey, with 2,722 staff taking the opportunity to have their voice heard. At 66%, this was SCAS' highest ever response rate, making the results far more meaningful.

Overall, SCAS achieved a very positive survey result with significant improvements in most of our key areas. Of the 75 questions asked, compared to our 2019 survey, we saw improvements in 29 and no significant changes in 46. Compared to the other eight Ambulance Trusts that took part, we achieved higher results in 34 questions and there were three areas that were significantly worse that colleagues in other Trusts. Our overall rating places us at number two within the ambulance sector.

4121

Invited to complete the survey

4115

Eligible at the end of the survey

66%

Completed the survey (2722)

58%

Average response rate for similar organisations

65%

The previous response rate

Key Findings

A total of 75 main questions were asked in the survey. Compared to our 2019 results, SCAS is:

➔ significantly better on 29 questions

➔ significantly worse on nil questions

➔ no significant difference on 46 questions

In comparison to other 'Picker' ambulance trusts, SCAS compares:

➔ significantly better than average on 41 questions

➔ significantly worse than average on 3 of the 78 questions

➔ scores are average on 34 questions

The 2020 NHS Staff Survey results indicate a continuing improvement on the last two annual survey results, demonstrating that the Trust's ongoing organisation development agenda is continuing to benefit staff and their working lives.

Key improvements since 2019

Have not come to work when not feeling well
We have enough staff to do our jobs properly
I would recommend SCAS as place to work
I am not planning on leaving SCAS
Have adequate materials, supplies and equipment

Core Strengths

Team members meet to discuss the team's effectiveness
Line managers gives clear feedback on our work
Line managers ask opinions before making decisions
SCAS acts fairly on career progression
Line managers values our work

The Staff Survey result showed that the continued investment in our team leaders and the development of a teamworking environment has made a significant impact at the Trust. The Survey showed positive scores in teamworking, leadership and line management.

NHS England Theme Report

The Staff Survey groups the 75 main questions into 10 key themes. SCAS performed well compared to the other 10 ambulance trusts, leading the sector in two key themes and being above average in seven. The only area the Trust scored poorly was in staff health and wellbeing, which will be a key focus in 2019/20.

Survey Theme	Comparison to Ambulance Sector	Change since 2019 Survey
Equality, diversity & inclusion	Above Average	Improvement
Health & wellbeing	Average	Improvement
Immediate managers	**Leading Trust**	Improvement
Morale	Average	Improvement
Quality of care	Average	Improvement
Safe environment - Bullying & harassment	Above Average	Improvement
Safe environment - Violence	Average	No Change
Safety Culture	Above Average	Improvement
Staff Engagement	Above Average	Improvement
Team Working	**Leading Trust**	No Change

Action plans following 2020 results

From the initial Trust-wide and directorate level analysis, we have identified the areas of continued focus for 2021 and beyond. We are now conducting a deep dive to gather staff stories and lived experience behind the key themes in order to prioritise & strategise actions that could really make a difference. The annual National Staff Survey will then be used as a pulse check of progress against these themes.

5.5 Diversity and Inclusion

Equality and Diversity

Equality Delivery System 2

The Equality Delivery System (EDS) was designed to be used by all NHS organisations in England, both providers of services and their commissioners. At the heart of the EDS is a set of 18 equality outcomes grouped into four goals. These outcomes focus on the issues providing most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The EDS2 requires NHS organisations to engage with local communities and organisations with an interest in health issues to determine performance through a grading exercise. As part of the EDS process South Central Ambulance Service NHS Foundation Trust identified local stakeholders including patient, staff, communities and partnership groups who were consulted and engaged to review evidence on the four goals and produce a grading of performance.

SCAS completed a four-year EDS action plan, with the RAG rating showing 100% achievement.

We are now developing a refreshed EDI strategy and action plan that will further progress our EDI journey of inclusion and fairness. Whilst EDS wasn't refreshed, we have learnt from the pandemic that certain characteristics (ethnicity, age, disability) face higher levels of inequalities.

SCAS also has workforce Race Equality standard and a Workforce Disability Equality Standard action plans in place and will publish the results in October 2021.

The CQC rated SCAS well-led as 'Good' in its last inspection because:

- ➔ staff felt respected, supported and valued
- ➔ the Trust's strategy, vision and values underpinned a culture which was patient centred
- ➔ staff felt positive and proud about working for the Trust and their team
- ➔ staff felt equality and diversity was promoted in their day to day work and when looking at opportunities for career progression

SCAS has the ability to break down patient satisfaction scores by protected characteristics and have done so for some patient surveys in 2020/21. We will do so for all patient satisfaction scores going forward.

Response to COVID-19 with BAME staff

As the COVID-19 pandemic evolved it became increasing evident of the disproportionate mortality and morbidity amongst black, Asian and minority ethnic (BAME) people, including NHS staff, who have contracted COVID-19.

It therefore became critical that we understood which groups of our workforce were most at risk, so we could take action to protect them.

The immediate focus for the NHS was to ensure staff safety and on 30 April NHS Employers published guidance for NHS organisations to take appropriate measures to mitigate the risk of COVID-19, including taking ethnicity and age into account alongside other factors.

The Trust COVID-19 Risk Assessment was primarily designed to assess risks to our BAME workforce, however we have also encouraged staff who may be living in a BAME household to come forward and have a discussion and risk assessment to identity any risk their role within SCAS may present to those they are residing with. The assessments considered any home impact and vulnerability in addition to sex, demographics and any underlining health conditions and the COVID-19 risk our staff may be exposed to at work.

By 2 September 2020 we had completed 100% of risk assessments on those staff who has identified themselves as BAME on ESR, the initial number of staff recorded being 96. The total BAME risk assessments carried out however was 222, this incorporated those staff who came forward as BAME

who had not previously done so and those who had a BAME household member. Each of these staff had a meeting with their line manager, including support from the HR and/or OH team where necessary, which enabled each staff member to be looked at individually to ensure any further steps or actions that needed to be taken in order to ensure, so far as practicable, their safety. Support mechanisms included:

- ➔ finding temporary alternative duties away from patient facing duties
- ➔ identifying duties that could be carried out remotely (homework if necessary) and ensuring any equipment needed was available
- ➔ safe areas within our contact centres
- ➔ social distancing and protective screens within office areas

As the pandemic evolved, we continued to encourage our workforce to keep their risk assessments 'live' in particular as restrictions changed and our vaccine programme began to roll-out. During December 2020 we commenced our vaccine programme and focussed on ensuring our most vulnerable staff groups received their vaccine as a priority.

Equality of Service to Different Groups

We report and have action plans regarding the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), publish the annual Equality, Diversity and Inclusion Report. This report includes key patient and workforce data. The report meets the first specific duty of the Equality Act 2010, which requires public bodies to publish information annually to demonstrate compliance with the general equality duty.

In conjunction, we have made some positive organisational cultural improvements and further developed our coproduction with staff inclusion networks. We have four staff inclusion networks: BAME Network, Disability Network, LGBTQ+ Network and the Women's' Network.

The EDI Lead works in collaboration and coproduction with our staff inclusion networks e.g. this year we considered how best to support staff with Long Term Conditions, reviewed SCAS Workplace Adjustments. This year also enabled us to develop the EDI strategic themes and our revised Equality Impact Analysis (EqIA) process, a significant piece of work coproduced with the Networks.

COVID-19 introduced a new set of EDI strategic challenges: rapid shifts to online delivery and assessment, changes to policy and practice. There is a clear moral, ethical and legal case for why inclusion and diversity matter. Everyone should have equal access to services, and everyone should have equal opportunity to develop and progress at work. By focusing on improving data quality, we will improve analysis, decision making and ultimately, patient care.

Gender Pay Gap

At South Central Ambulance Service NHS Foundation Trust (SCAS) we are committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, ethnicity, gender, religion/belief, sexual orientation, gender reassignment, domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or any other basis not justified by law or relevant to the requirements of the post.

The Trust, therefore, takes every reasonable step to ensure that individuals are treated equitably and fairly, with dignity and mutual respect, and that decisions in recruitment, selection, training, promotion and career management and the right to request flexible working and service provision are based solely on objective organisational factors and job-related criteria.

To address this disparity, the UK government has introduced a requirement on all employers, employing over 250 employees, to publish their gender pay gap yearly with effect 1st April 2018.

The gender pay gap identifies the difference between men and women's average earnings and is expressed as a percentage of men's pay. According to the Office of National Statistics, the current overall UK gender pay gap is currently 17.9% (March 2018), a reduction from 18.4% in the previous year.

The reference period for this report is year-end 31st March 2020.

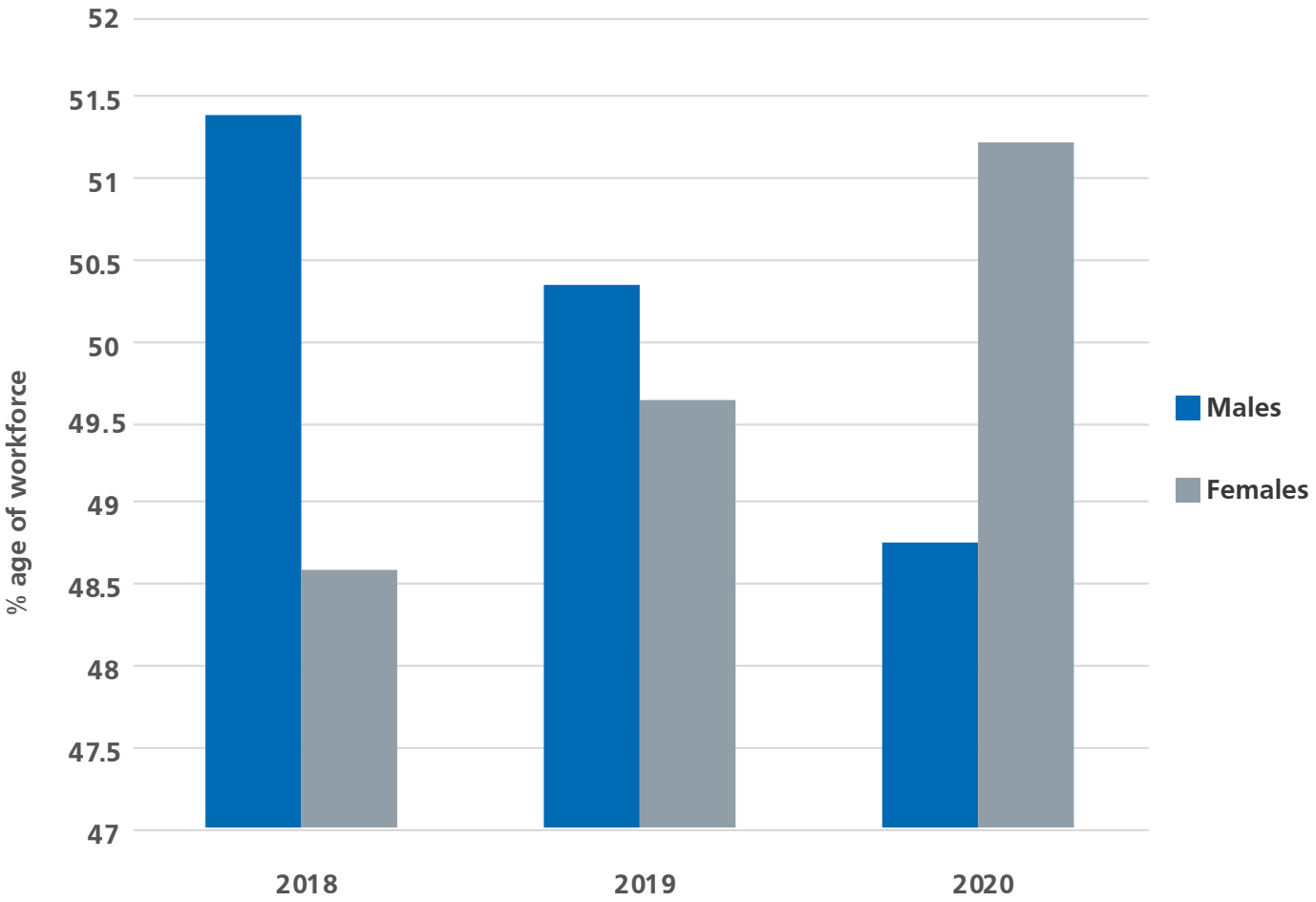
Our Workforce

For this reporting period our gender pay reporting analysis included 4187 staff members, an increase from 362 staff members on the previous reporting year (ending 31st March 2019). This increase is mainly as a result of continuing recruitment activity particularly within our 111 workforce.

Our gender split for this reporting period was as follows:

Gender	Headcount	2020	2019
Male	2042	48.77%	50.35%
Female	2145	51.23%	49.65%

Our recruitment activity continues to support a gender balanced workforce, exploring a range of inclusive initiatives to facilitate equality, the proportion of the female workforce continues to grow, with 68% (246) more females being recruited to posts than males (116).

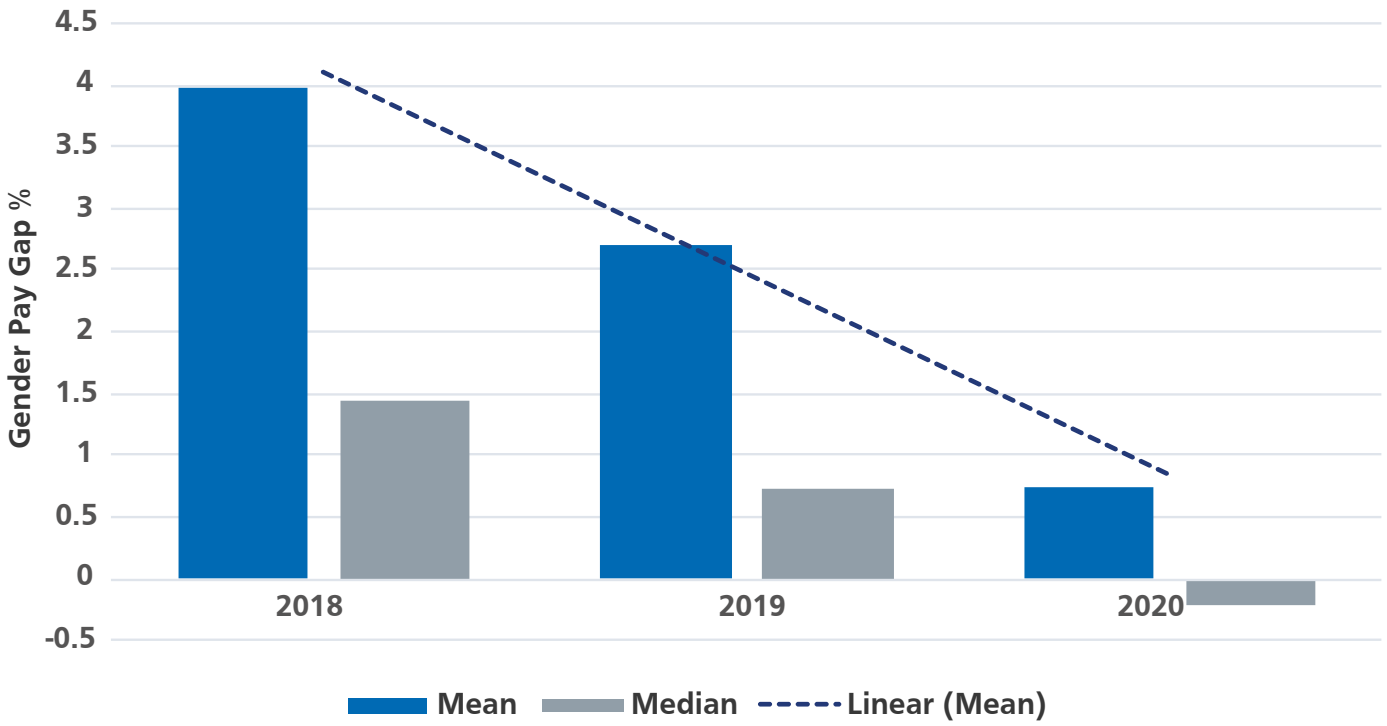


Our Gender Pay Gap

The March 2020 report continues to improve on the previous 3 years, with our overall gender pay gap being:

	Male	Female	% Gap	2019 % Gap
Mean Gender Pay Gap (hourly rate)	£14.10	£13.99	0.74%	2.70%
Median Gender Pay Gap (hourly rate)	£12.35	£12.38	-0.22%	-0.72%

Overall females within SCAS, on average earn 11p per hour less than their male counterparts, a significant improvement compared to the 2019 figures where females earnt 36p per hour less than their male colleagues. This shows a continuing considerable improvement on our results from the previous 3 years analysis as demonstrated in the table below:



Our Pay Quartiles

Our Male/Female balance continues to improve, in particular in Quartile 4, this is demonstrated in the tables below:

March 2020

	Male	Female
Gender Proportions in Pay Quartile 1	53.68%	46.32%
Gender Proportions in Pay Quartile 2	44.03%	55.97%
Gender Proportions in Pay Quartile 3	47.57%	52.43%
Gender Proportions in Pay Quartile 4	49.64%	50.32%

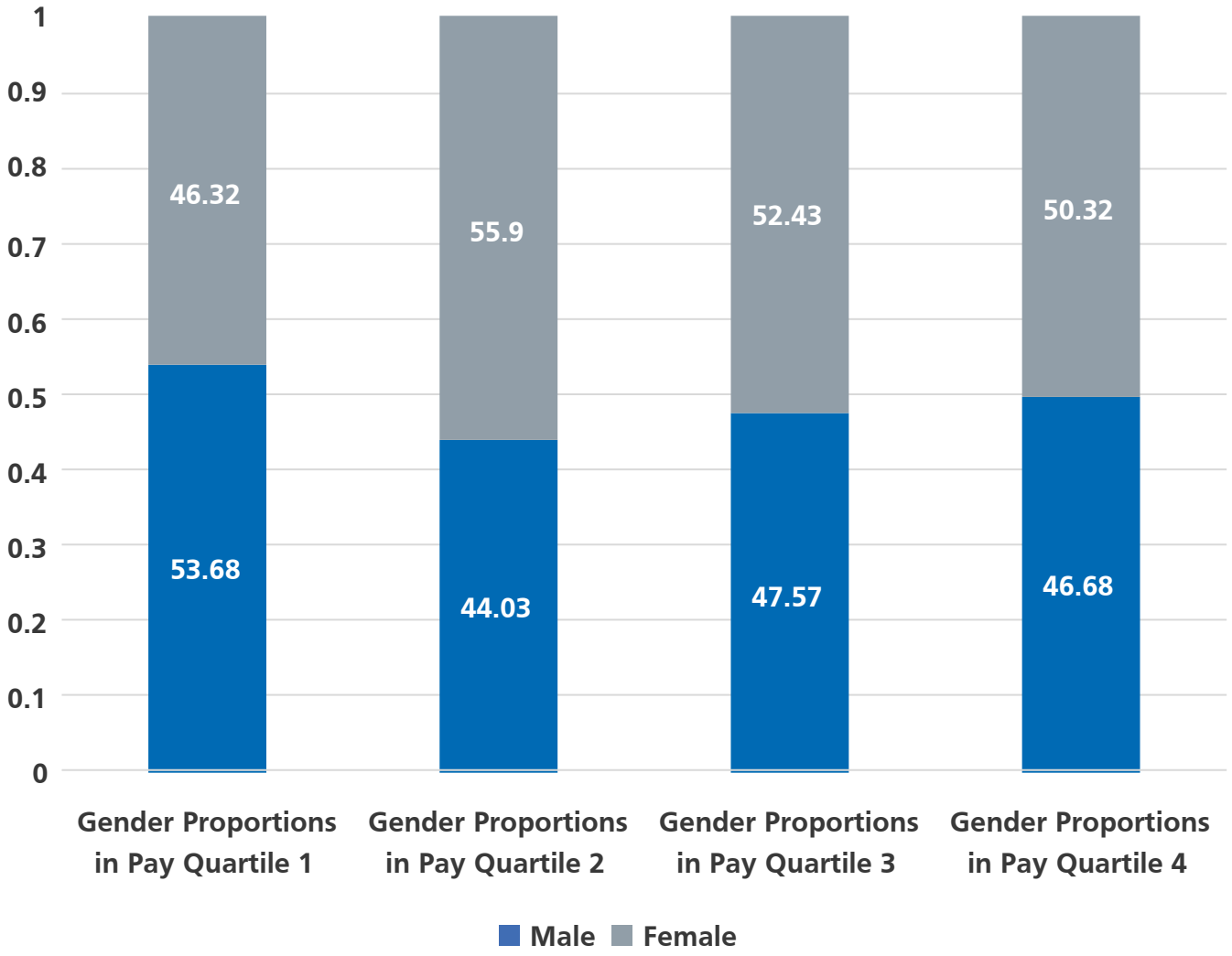
March 2019

	Male	Female
Gender Proportions in Pay Quartile 1	51.78%	48.22%
Gender Proportions in Pay Quartile 2	48.54%	51.46%
Gender Proportions in Pay Quartile 3	49.15%	50.85%
Gender Proportions in Pay Quartile 4	51.90%	48.10%

March 2018

	Male	Female
Gender Proportions in Pay Quartile 1	53.30%	46.70%
Gender Proportions in Pay Quartile 2	47.69%	52.31%
Gender Proportions in Pay Quartile 3	50.33%	49.67%
Gender Proportions in Pay Quartile 4	54.35%	45.65%

Proportion of Quartile by Gender



6. REGULATORY RATING

Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- ➔ Quality of care
- ➔ Finance and use of resources
- ➔ Operational performance
- ➔ Strategic change
- ➔ Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found in breach or suspected breach of its licence.

Segmentation

South Central Ambulance NHS Foundation Trust is in segment 1. The Trust continues to be one of the best performing ambulance services achieving a 'Good' CQC rating. This segmentation information is the Trust's position as at 31 March 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

7. STATEMENT OF THE RESPONSIBILITIES OF THE ACCOUNTING OFFICER

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require South Central Ambulance Service NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South Central Ambulance Service NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Will Hancock

Chief Executive
28 June 2021

8. ANNUAL GOVERNANCE STATEMENT

Background to 2020/2021 Annual Governance Statement

2020/21 was a fairly unique year, both for SCAS and the wider NHS, given the challenges of responding to a global pandemic, COVID-19. The Trust recognised at the outset that maintaining appropriate and effective governance was of paramount importance, and a number of refinements were made to our normal arrangements. The governance arrangements were kept under continuous review by the Trust Board and have been documented and presented at a number of Board meetings throughout the year.

The key aspects of our COVID-19 governance arrangements during 2020/21 have been:

- ➔ we have, at all times, applied the governance requirements and guidance set by NHS England/ Improvement; for example, in relation to the delivery of Board business

- ➔ our aim has been to continue to maintain robust Board and Corporate Governance arrangements whilst taking a pragmatic and flexible approach in order to reduce burden on the executive, maximise the resources available to respond to COVID-19, and support our patients and staff

- ➔ two new executive groups were established to oversee our response to COVID-19; the National COVID-19 Response Service (CRS) Board took responsibility for the oversight of our involvement in the delivery of the new national services (CRS, CCAS, Vaccination Helpline and Booking) and the COVID Operations Board led on our own SCAS specific response to COVID. There was an element of reporting from both groups through to the Board, and both the Trust Chair and Chair of the Quality and Safety Committee attended meetings of the CRS Board

- ➔ the Board continued to meet as planned throughout 2020/21, on a virtual basis, making all decisions required under the Scheme of Delegation, and fully in accordance with our Standing Orders

- ➔ our Board committees continued to meet in order to discharge the duties set out in their respective terms of references. In addition, the Quality and Safety Committee held additional meetings throughout 2020/21 in order for the Non-Executive Directors to seek further assurance over the quality and safety aspects of both our COVID and 'business as usual' activities

- ➔ in recognition of the fact that the Council of Governors plays a key role in the governance of the Trust, meetings continued largely as planned throughout 2020/21. In addition, Governors received a fortnightly briefing keeping them updated on key matters in the Trust, including the response to COVID

- ➔ we have maintained a specific risk register relating to COVID-19, and this has been reviewed and monitored by the aforementioned COVID Operations Board

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of South Central Ambulance Service NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally

responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that South Central Ambulance Service NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South Central Ambulance Service NHS Foundation Trust (SCAS), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in SCAS for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's Risk Management Strategy comprehensively sets out arrangements in respect of the accountability for risk management in SCAS.

Leadership

As Chief Executive and Accounting Officer I have overall accountability for ensuring that the organisation has effective risk management systems in place. I have delegated specific areas of risk management activity to each of the Executive Directors; for example, as follows:

- the Director of Patient Care and Service Transformation has day-to-day responsibility for managing the strategic development and implementation of organisational risk management, clinical effectiveness and clinical governance. This includes acting as the designated lead for a range of responsibilities such as health and safety, security management, and infection prevention and control. The Director of Patient Care and Service Transformation is supported by a designated Corporate Risk Manager who works in the Patient Care Directorate and supports the Executive Team with risk management and reporting, and the maintenance of the Board Assurance Framework and Corporate Risk Register

- the Medical Director has responsibility for the management and development of clinical standards

- the Director of Finance has responsibility for financial risk management and, in the role of Senior Information Risk Owner, for risks relating to information

- the Chief Operating Officer has responsibility for managing the strategic development and implementation of clinical and non-clinical risk management (operational risks) associated with the provision of emergency ambulance services, NHS111/Integrated Urgent Care and fleet management (including South Central Fleet Services Limited), as well as being the lead for emergency planning and business continuity activities

- ➔ the Director of Strategy and Business Development has responsibility for managing the risks associated with the provision of non-emergency ambulance services, including Patient Transport Services, as well as the SCAS Charity

- ➔ the Board, with overall responsibility for governance, considers the risks faced by the Trust on a regular basis. For example, it receives the latest version of the Board Assurance Framework at all Board meetings in public

- ➔ the Quality and Safety Committee, with delegated authority from the Board, monitors and reviews the Trust's clinical governance arrangements

- ➔ the Audit Committee, also with delegated authority from the Board, receives the Board Assurance Framework and strategic risk register at every meeting, with the purpose of seeking assurance that effective risk management practice is in place. It also carries out deep-dive reviews into specific individual risks included on the Board Assurance Framework

- ➔ the Executive Team, underpinned by the work of its various sub-committees, receives and reviews updates from all directorates relating to risk management, as well as the Trust's Board Assurance Framework and strategic risk register

- ➔ the Executive Team has also established a Risk, Assurance and Compliance Committee. This committee, comprising the Executive Directors of the Trust and the Company Secretary, carries out a deep-dive review of the Trust's biggest risks and ensures that appropriate mechanisms are in place to provide assurance over the management of those risks

Training

Officers involved in leading the Trust's risk management processes (e.g. Assistant Director of Patient Care, Corporate Risk Manager, Clinical and Non-Clinical Risk Managers etc.) are suitably qualified and experienced governance and risk management professionals. A wide range of training has been delivered to staff to enable them to manage identified clinical and non-clinical risks effectively. This training has been informed by a detailed training needs analysis based on external training requirements outlined by the NHS Resolution and CQC, in addition to training needs identified internally by the Trust. Our corporate induction training programme for new staff covers health and safety, awareness of risk, and incident reporting.

The Trust has a very positive culture of incident reporting. The team structure in place enables immediate raising of concerns with on duty team supervisors who are able to directly support the reporting of incidents and the actual investigation and can apply actions to mitigate. Incidents are monitored and reviewed at different levels of the organisation, including by a Serious Incidents Requiring Investigation Review (SIRI) Group, to ensure trends and patterns are identified and responded to where appropriate.

The risk and control framework

Strategy

The Trust has a comprehensive Risk Management Strategy which is reviewed periodically (generally annually) and updated where required. It was last reviewed in March 2020, and a number of minor amendments were made. In addition to the core Risk Management Strategy, there has been a focus on managing and mitigating risks associated with the Trust's response to COVID during 2020/21, and a separate risk register has been in place to support this.

The key elements of our core risk management strategy are to:

- integrate risk management into the Trust's culture and everyday management practice by clearly defining the Trust's approach and commitment to risk management, by raising staff awareness, and building knowledge and skills
- provide clearly documented responsibilities and structure for managing risk to ensure a coordinated, standard methodology is adopted by every directorate/department
- encourage and support incident reporting in a culture to ensure that the Chief Executive and Board are provided with evidence that risks are being appropriately identified, assessed, addressed and monitored
- adopt an integrated approach to risk management, whether the risk relates to clinical, organisational, health and safety or financial risk, through the processes and structures detailed in the Trust's Risk Management Strategy
- accept that whilst the provision of health care is not risk free, the Trust will aim to minimise the adverse effects of any risks through management of risk via the Quality and Safety Committee and Audit Committee both of which are sub committees of the Board

Identification of risk

A range of tools are used to identify and control risks, including:

- the monthly Integrated Performance Report, including Patient Safety Incidents (formerly SIRIs)
- review of adverse incidents and accident reports
- review of Freedom to Speak-Up referrals
- quarterly reviews of claims and complaints
- workforce engagement and leadership walkarounds
- annual fire safety inspections

- health and safety risk assessments, including COVID risk assessments
- working safely guidance
- RIDDOR reporting
- self-assessments against the Care Quality Commission essential standards of quality and safety
- discussions and reflections at key meetings; for example, the Board, Board committees, Executive Team, COVID Operations Board, National CRS Board etc

The risks are identified through careful triangulation of the themes across the above reporting mechanisms, recognising issues that affect patient safety, treatment and experience as the most reliable indicators. The intention is to identify risks through a balance of top-down and bottom-up processes.

As well as reviewing the content of the Board Assurance Framework at its meetings in public, the Board also considers the format of the BAF on an ongoing basis. Consequently, revisions were made to the style and format of the BAF during 2020/2021.

Appetite for risk

The Trust acknowledges that delivery of healthcare and, in particular, the provision of ambulance services, will always involve a degree of risk (potentially heightened during periods of demand and change management, and indeed during a pandemic). However, the Trust is fully committed to taking all necessary actions to ensure that risk is both minimised and mitigated. We adopt a positive approach to risk management and are particularly cautious on matters affecting our reputation.

Equally, it is considered that risk is a component of change and improvement, and therefore the Trust does not expect or consider the absence of risk as a necessarily positive position, as all change involves risk in order to adapt and improve. This was particularly seen as an important concept during 2020/21 when SCAS took on responsibility in relation to the delivery of national COVID-related services.

The Trust has the greatest risk appetite in pursuit of innovation and challenging current working practices to improve patient care, access to services and reputational risk in terms of its willingness to take opportunities where positive gains can be realised, within the constraints of the regulatory environment. The Trust has the lowest level of risk appetite in relation to risks with direct implications for the quality and safety of patient services. The Trust endeavours to mitigate these risks fully; however, it should be noted that there are a number of risks in the current Board Assurance Framework relating to the quality and safety of patient services which are the subject of further planned action and mitigation.

The Board has plans in place to revisit its appetite for risk during 2021/22, acknowledging that appetite varies dependent on the type of risks involved (e.g. safety, financial, innovation, reputation etc).

Quality governance arrangements

The key elements of our quality governance arrangements are set out in the periodic self-assessments we undertake against the Care Quality Commission's essential standards and well-led assessment framework, and report to the Board. Performance information is key to ensuring delivery of quality, and

we have rigorous processes in place to ensure the quality of performance data. These include internal checking mechanisms, internal and external audit reviews, and a comprehensive review of the monthly Integrated Performance Report by the Executive Team prior to being presented to the Board. There is a robust quality governance structure of committees and upward reporting on all key elements of quality (effectiveness, safety and experience data, reviews, analysis and learning).

Data security risks

We take an active approach to managing risks associated with data security. For example, all new staff are required to undertake on-line Information Governance (IG) training within the first three months of their employment within the Trust, and existing staff are required to undergo IG training on an annual basis. We also have a suite of policies in place which help shape our approach to ensuring good data security.

Any incidents related to breaches in the Trust's information security processes would be reported via the Trust's incident reporting system. Incidents would be reviewed by the Information Governance Steering Group, which is chaired by the Trust's Senior Information Risk Officer. No major incidents were reported during 2020/21.

As part of our approach to continuous improvement, we commissioned an external and detailed review of our data security and cyber-crime operational readiness support (CORS) arrangements. The report following this work was considered by the Board at a seminar in June 2020, and implementation of the recommendations is being monitored by the Audit Committee.

Key strategic risks

We have a range of key strategic risks, which we have identified and are proactively managing, for example, through action plans with named leads, and with monitoring of progress by the Risk, Assurance and Compliance Committee. The Board considers the Board Assurance Framework at most of its Board meetings in public, and the final BAF of 2020/2021 identified the Trust's current biggest strategic risks (all with mitigating actions in place) as follows:

- ➔ managing demand in all services due to: growing demand and changing patterns with the potential to result in long waits, delays, poor patient experience, safety issues and inability to meet targets and expectations (16/25)

- ➔ if an external threat affects national structures and processes; then there is a risk of disruption to the local health economy including but not limited to increased morbidity and mortality, supply chains and changes in demand in services. Resulting in unmitigated challenges to the smooth running of SCAS operations (16/25)

- ➔ non-compliance with regulated activity, potentially resulting in poor clinical standards, poor reputation, patient harm, deterioration in patient outcomes, poor patient experience and not maintaining or improving the CQC rating of Good (12/25)

- ➔ inability to secure sufficient resources (fleet) in the right numbers, right locations at the right time resulting in the potential for insufficient numbers of vehicles to deliver high quality and safe care (12/25)

- ➔ lack of IT resilience leads to poor operational and clinical performance and a risk to patients. ii) Insufficient progress in progressing the Digital agenda leading to not taking advantage of Digital opportunities, falling behind other Trusts, leading to not winning opportunities, less delivery of efficiencies, poor patient experience (12/25)

- ➔ sustaining sufficient and stable financial resources, including achieving planned cost savings (12/25)

- ➔ inefficient and non-effective contract management in Commercial Services (NHS 111 and PTS) resulting in an inability to retain contracts on a profitable basis, with associated loss of reputation, income and regulatory scrutiny (12/25)

Future risks are identified through a range of mechanisms, including during meetings of the Risk, Assurance and Compliance Committee, and through Board discussions (for example, strategy sessions).

NHS Foundation Trust licence condition 4 – FT Governance

The Trust undertakes periodic reviews of its position against all of the conditions contained within its provider licence, and reports to the Board accordingly. No risks have been identified in 2020/2021, and an annual declaration is reviewed and signed-off by the Board (most recently at the May 2021 Board meeting in public).

In terms of condition 4 – FT governance, the Trust has undertaken a number of steps during 2020/2021 to identify any potential risks. These included carrying out a high-level review of the Trust's corporate governance arrangements against the Code of Governance, including a review of the Board's sub-committees and Non-Executive Director responsibilities (a number of changes have been made). The Corporate Governance Statement declarations required by NHS England/Improvement are considered and signed off by the Board each June.

Involvement of public stakeholders

Public stakeholders are involved in the management of risks which impact on them through the work of the Governors, public meetings of the Board, and our attendance at Health Overview and Scrutiny Committee meetings. Our engagement with our stakeholders produces an additional layer of scrutiny and challenge from broad representative areas of our population groups and therefore enables SCAS to remain grounded and responsive to the communities we serve.

Workforce and workforce safeguards

The Trust has short and long-term workforce plans in place for all of its services, as well as a range of policies and procedures to support staff. The high-level plans include the Annual Operating Plan and the Integrated Workforce Plan, covering all of the Trust's services. The Trust is aware of NHS England/Improvement's Developing Workforce Safeguards recommendations. Most of these are embedded in current Trust practice, which includes:

Forecasting demand

Overall demand forecasts for our services are based on recent historic trends and adjusted for short term and longer term expected changes, including any known external factors. These demand forecasts are then converted into hours required, using a unit hour utilisation linked to performance delivery. The work-effective hours available from Trust staff, are calculated for each week of the year, utilising the Integrated Workforce Plan and Education Plan alongside budgeted abstraction levels. The gap between work-effective staff hours and the needs of the demand forecast is then quantified, and cover planned from private providers, bank and agency staff.

Developing an integrated workforce plan

The Trust undertakes an integrated approach to workforce planning across all core areas, i.e. 999, NHS111/IUC and PTS. Our Integrated Workforce Planning Group (IWP) includes stakeholders from Workforce, Recruitment, Education, Operations and Finance. In developing our workforce plan, the IWP Group work together to:

➔ ensure recruitment and education plans are aligned with the strategic direction of SCAS

➔ phase new recruits into the Trust, ensuring all new recruits are adequately supervised

➔ ensure all recruitment streams offer value for money

Monitoring delivery of agreed workforce plans

The Workforce Development Board and Executive Performance Review monitor progress against agreed workforce plans on a monthly basis. Workforce updates (including escalation of identified risks) are provided via the Trust's Quality and Safety Committee (which is a sub-committee of the Board). Progress, issues and risks are also reported through to the Risk, Assurance and Compliance Committee, as part of the Board Assurance Framework. Quality, workforce and financial indicators are reported monthly via the Integrated Performance Report to the Board of Directors.

Compliance with CQC registration requirements

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). The last CQC inspection of SCAS took place in February 2020 and focused on Patient Transport Services (PTS). This was due to be followed by a 'well-led' inspection in March 2020, which was postponed due to the outbreak of COVID-19. The final CQC report on PTS was received in June 2020 and awarded the Trust a 'good' rating.

'Managing Conflicts of Interest in the NHS' guidance

The Foundation Trust has published an up-to-date register of interests for key decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The Trust has initially determined decision-making staff to be members of the Board of Directors (although this may be extended in 2021/2022), and a register is maintained on the Trust's public website. SCAS Board Members Register of Interests.

At each May Board meeting in public a record of interests, gifts and hospitality is presented.

Compliance with NHS Pension Scheme Regulations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Compliance with equality, diversity and human rights legislation

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Reports on the Trust's position in relation to equality and diversity are regularly considered by the Board in public. The Trust recognises that there is further work to undertake in order to ensure that the profile of the workforce from an equality and diversity perspective reflects the population we are serving.

Equality impact assessments are integrated into core SCAS business; for example, being completed for each new major policy introduced into the Trust.

Compliance with Climate Change Adaptation reporting to meet the requirements under the Climate Change Act

SCAS updated its Sustainable Development Management Plan (SMDP) during 2019/2020 (approved by the Board in February 2020) and has been focusing on implementation during 2020/21. The SMDP Group, chaired by the Director of Finance, monitors progress.

SCAS' current performance has been assessed using the NHS' Sustainable Development Assessment Tool (SDAT) in order help to prioritise actions and agree targets for the coming few years.

The Board has set challenging actions and targets to reduce our carbon footprint. These targets have been set in consultation with SCAS staff, but it is recognised that a culture of sustainability takes time to establish and this plan promotes concrete actions which we know will make things better. To that end, the SCAS Board will set an example, measuring and reducing our carbon footprint, reviewing the way we do business from the papers we read, to the travel we undertake, to the decisions we make. Our activities will be led by the Board and will be embedded in Trust strategy, aiming to cut carbon by 50% by 2030.

Review of economy, efficiency and effectiveness of the use of resources

There are a number of key processes in place to ensure that resources are used economically, efficiently and effectively, which include:

- the Board has regularly reviewed the economy, efficiency and effectiveness of resources through the regular performance management reports (the Integrated Performance Report, finance reports, and quality and safety reports) considered at each meeting

- ➔ savings targets are set annually in the form of cost improvement programmes, and the Trust has a very strong track record in terms of delivering annual savings targets. In 2020/2021 the Trust again delivered savings in excess of £7m. Robust arrangements are in place to ensure that cost improvement programmes in no way compromise the quality of services

- ➔ the Trust's bi-weekly Executive Performance Review meetings (COVID Operations Board during 2020/21) are designed to review performance against key financial, operational, clinical and workforce targets as agreed at the start of the year

- ➔ the Trust routinely carries out benchmarking reviews of its performance and efficiency levels with other NHS bodies. Most recently this has included through the Ambulance Response Programme sector performance reports issued by NHS England, the NHS wide corporate benchmarking data produced by NHS Improvement, and the outcomes of the Lord Carter Review. SCAS also benchmarks sickness and recruitment and retention rates

- ➔ the Trust continued to implement its new Estates Strategy during 2020/2021; this aims to ensure that the organisation makes the most efficient and effective utilisation of its available estate

- ➔ the Trust has in place governance and financial policies which include standing financial instructions, standing orders and a scheme of delegation. These policies prescribe the Trust's policy for the effective procurement of goods and services within the Trust

- ➔ an annual programme of internal audits, monitored closely by the Audit Committee, allows further assurance to be given to the Board on the use of its resources

Information governance

There have been no reportable information security breaches during 2020/2021.

The Trust carries out an annual assessment of its position against the Data Security and Protection Standards published by the Department of Health and Social Care. The 2019/20 assessment, originally scheduled for submission on or before 31 March 2020 but postponed by NHS Digital due to the COVID-19 challenges facing NHS organisations, was submitted ahead of a revised submission date of 30 September 2020. The Trust declared some areas of non-compliance, which includes information governance training. The 2020/21 assessment needs to be submitted on or before 30 June 2021. Details of that submission will be reported in the 2021/22 Annual Governance Statement.

The Trust has a separate project to improve Data and Cyber Security with a view to achieving Cyber Essentials+ by June 2021.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within SCAS who have responsibility for the development and maintenance of the internal control framework.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Quality and Safety Committee, and the Risk, Assurance and Compliance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review during 2020/2021 has/will also be informed by:

- ➔ Internal and External Audit reports
- ➔ the Annual Audit/Management Letter (expected in June 2021)
- ➔ the Head of Internal Audit Opinion/Annual Statement of Assurance (expected in July 2021)
- ➔ reports to the Board from the Audit Committee, Quality and Safety Committee, Remuneration Committee and Charitable Funds Committee
- ➔ reviews of Serious Incidents Requiring Investigation and the associated learning from these
- ➔ reports to the Executive Management Committee from its relevant sub-committees, as well as the work of the Risk, Assurance and Compliance Committee
- ➔ the monthly Integrated Performance Report, which covers clinical, operational, financial and human resources
- ➔ staff satisfaction surveys
- ➔ Care Quality Commission reports
- ➔ the Quality Accounts and Annual Report

Taking into account the internal control framework described above, there have been three particular key sources of external assurance for me in 2020/2021, and two from internal sources:

A. Since May 2017 the regulator NHS Improvement has assessed the Trust as being a segment 1 provider under its Single Oversight Framework regulatory assessment. The assessment considers five key themes - quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability – and segment 1 is the best possible category that can be awarded

B. The Annual Head of Internal Audit Opinion for 2019/20 was issued during the course of 2020/21 (May 2021) and included reference to some internal audit reports issued during the early stages of 2020/21. The Opinion was one of "moderate assurance", defined as "generally a sound system of internal control designed to meet the Trust's objectives and that controls are being applied consistently"

C. Individual audit reports have provided me with levels of assurance throughout the year. For example, the audit report reviewing our Freedom to Speak-Up arrangements (a key aspect of our internal governance) delivered a 'substantial' audit opinion both in terms of the design and effectiveness of the internal controls

D. The 2020 Staff Survey results were generally very positive and based on a good response rate from our staff. A number of questions covered areas relating to our internal control framework – for example, safety culture – and scored very positively, giving me a good degree of assurance

E. The Council of Governors is a key aspect of our governance and accountability model, particularly if it is operating effectively. The survey of our Governors in January 2021 was extremely positive in terms of a whole range of areas associated with its functioning, including: CoG and Board meetings, training and development, relationships with Non-Executive Directors, and communications from the Trust

Conclusion

My review confirms that South Central Ambulance Service NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

No significant internal control issues have been identified in relation to the 2020/2021 financial year, applying the examples presented by NHS England/Improvement in the Annual Reporting Manual.

Will Hancock,
Chief Executive
28 June 2021

9. QUALITY REPORT

Following the guidance in the NHS Foundation Trust Annual Reporting Manual 2020/21 the Quality Report and Accounts are not included in this document. They will be published separately during 2021.

10. REPORT OF THE AUDIT COMMITTEE

The Audit Committee is a statutory committee of the Board comprising non-executive directors of the Trust, all of whom are considered independent. Members of the Audit Committee were Mike Hawker (Chair), Sumit Biswas, Les Broude and Priya Singh.

Other managers are regular attendees of the Audit Committee which includes the Director of Finance, Director of Patient Care and Service Transformation and the Company Secretary. Representatives of External Audit, Internal Audit and the Counter Fraud Team are also in regular attendance. Other managers also attend the Audit Committee on an irregular basis.

The Audit Committee's responsibilities include:

- ➔ review the Trust's draft accounts and make recommendations with regard to their approval to the Board
- ➔ provide assurance to the Board as to the effectiveness of internal controls and the risk management processes that underpin them
- ➔ agree the annual plans for external audit, internal audit and counter fraud
- ➔ make recommendations to the Council of Governors regarding the appointment of the External Auditors
- ➔ in discharging its responsibilities, the Committee reviews and takes account of the Board Assurance Framework, the Trust's Risk Registers and the work of other Board Committees such as the Quality and Safety Committee

EXTERNAL AND INTERNAL AUDIT

The effectiveness of internal and external audit is reviewed on a regular basis by the Audit Committee. The Trust appointed Grant Thornton as its external auditors, following a competitive tender process, for the 2017/18 financial statements for an initial period of three years with an option to extend for a further two years. Grant Thornton attend every committee reporting on progress and developments that are likely to impact on the final accounts. Grant Thornton will be invited to attend Council of Governor meetings from time to time. The value of statutory audit work undertaken was £53,900 (2019/20: £46,400) which is inclusive of the quality report audit fee.

SIGNIFICANT ISSUES

At its meeting on 13 May 2021, the Audit Committee considered matters relating to the 2019/20 accounts which included the following:

Accounting for South Central Fleet Services Ltd

The Audit Committee was requested to note that the Trust Accounts included the results of South Central Fleet Services Ltd which is a wholly owned subsidiary of SCAS. The accounting statements included the results of the Group which include the Trust and the Company, and the results of the Trust excluding the Company.

Land and Buildings

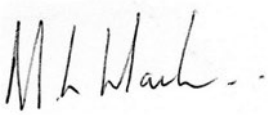
Following the decision not to revalue the Trusts properties during 2019/20 due to uncertainties created by COVID-19, the Audit Committee were appraised of the decision to recommence with the Trusts policy of a quinquennial review every five years with a desk top valuation in the intervening years. As a quinquennial valuation was only completed two years prior a desktop valuation was completed, and the accounts were adjusted accordingly.

Accounting Policies

The Audit Committee was asked to note changes to the depreciation policy where the useful economic live of a vehicle had reduced from a maximum of 9 years to a maximum of 7 years, as a result of the recommendations of the Carter Report.

Going Concern

The Committee discussed going concern and agreed that they could recommend to the Board that they could adopt the accounts on the basis that the Trust remained a going concern.



Mike Hawker

Audit Committee Chairman

13 May 2021

11. OPERATIONAL AND FINANCIAL REVIEW

The Group, which includes the results of the Trust and South Central Fleet Services Ltd reported a surplus in 2020/21 of £2.237m.

The NHS Improvement measure of financial performance and sustainability, using the use of resources metric, was a three for the Trust, which is the mid rating. NHS Improvement has not monitored this rating throughout the COVID-19 pandemic however the Trust continues to focus on it.

Summary of Financial Performance

On Income and Expenditure the Group reported a continuing operations surplus of £2.237m for the year.

Earnings Before Interest, Tax, Depreciation and Amortisation (EBITDA) of £17.5m represented 5.2% of turnover which is £6.6m above last year.

Capital expenditure was £9.9m (£13.4m in 2019/20) with a move to the leasing of ambulances accounting for the reduction over the prior year.

The year-end cash balance was £50.7m which was an increased by £30.2m when compared to the previous year. The main increases in cash were capital payments lower than depreciation by £8.1m, Public Dividend Capital (PDC) of £4.8m towards capital expenditure, disposal proceeds £1.7m and a movement in working capital £13.5m.

Despite the impact of the COVID-19 pandemic the Trust has still managed to achieve £7.2m of cost improvements in 2020/21.

Total revenue income to meet pay and other day-to-day running costs reached £339.7m of which the majority was secured through various service level agreements with clinical care commissioning groups and NHS trusts.

The accounts are stated in accordance with International Financial Reporting Standards. Total fixed assets (land, buildings and capital equipment) of the Trust were valued at £74.3m (£76.2m in 2019/20).

The Trust formed a subsidiary company (South Central Fleet Services Ltd) to provide fleet services which was incorporated in September 2015 and commenced trading on 1 November 2015. The results of the activities of the company are included in the group results with the company recording a deficit of £1,279k for the year ending 31 March 2021.

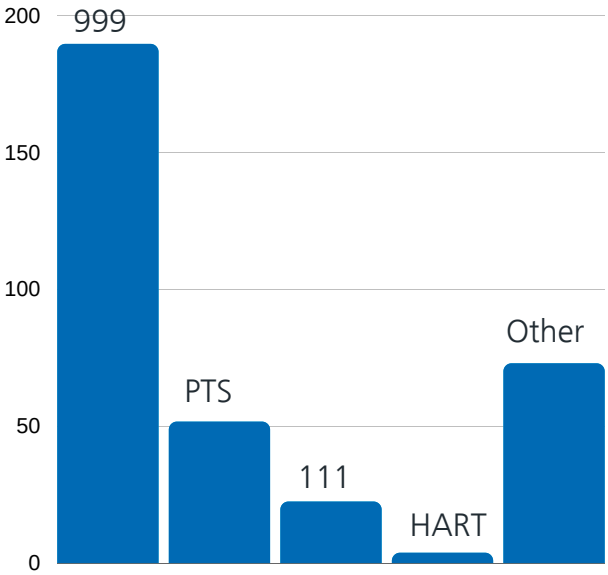
Analysis of Income

The Trust's reported income was £339.7 million for the year end 31 March 2021 (2019/20: £250.3 million). The increase of 35.7% was due mainly to funding for the impact of the COVID-19 pandemic and the additional services the Trust established to support the national COVID-19 response.

The Trust's principal source of income is from local NHS commissioning contracts for the provision of the emergency service. This income inclusive of COVID-19 support totalled £189.5 million (£157.7 million in 2019/20) which represented 55.7% of the Trust turnover (2019/20: 62.7%).

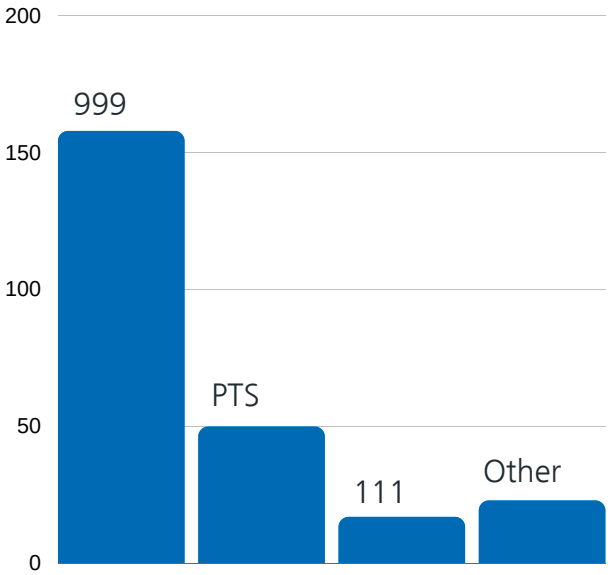
The Trust confirms that the NHS income it receives for the provision of healthcare exceeds its income that it receives for any other purpose in accordance with the requirements of the Health and Social Care Act 2012. The amount of income that the Trust received in this regard for 2020/21 was £329.2m representing 96.9% of total income.

Trust income £m 2020/21



Total: £339.7m

Trust income £m 2019/20



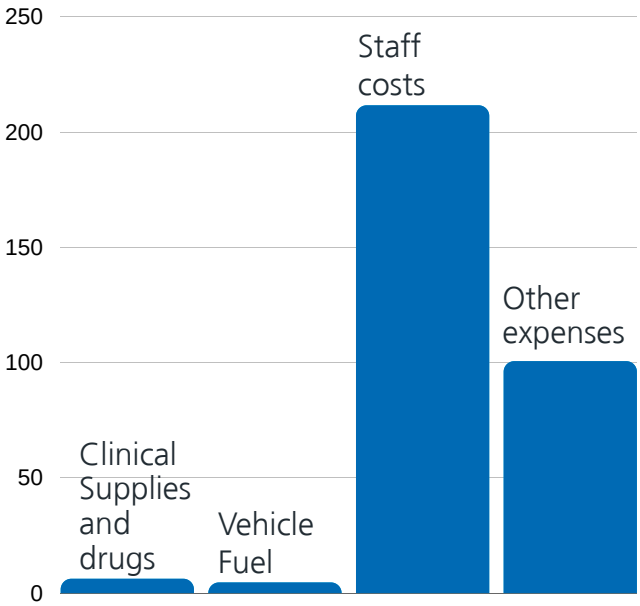
Total £250.3m

Analysis of operating expenditure

Total operating expenditure for the Group (excluding depreciation, amortisation and impairments) was £322.2 million for the year ended 31 March 2021 (2019/20: £239.1 million). The increase of 34.8% was mainly due to the impact of COVID-19 and national COVID related services provided by the Trust.

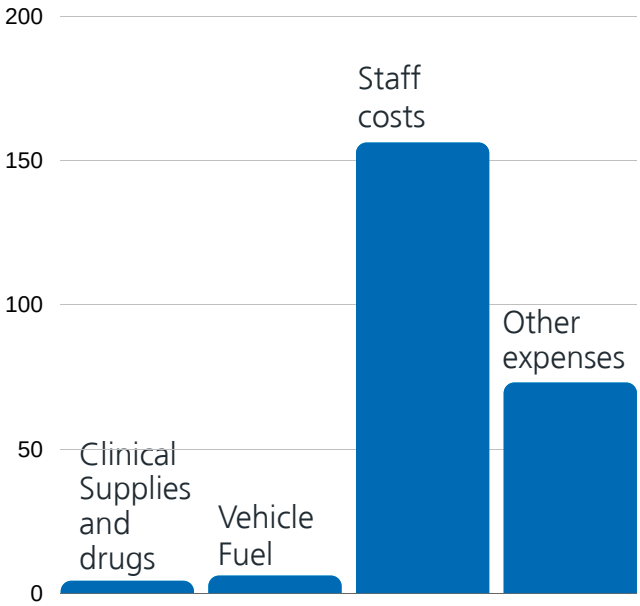
Staff costs represent 65.6% of total operating expenditure (2019/20: 65.4%).

Trust Expenditure £m 2020/21



Total: £322.2m

Trust Expenditure £m 2019/20

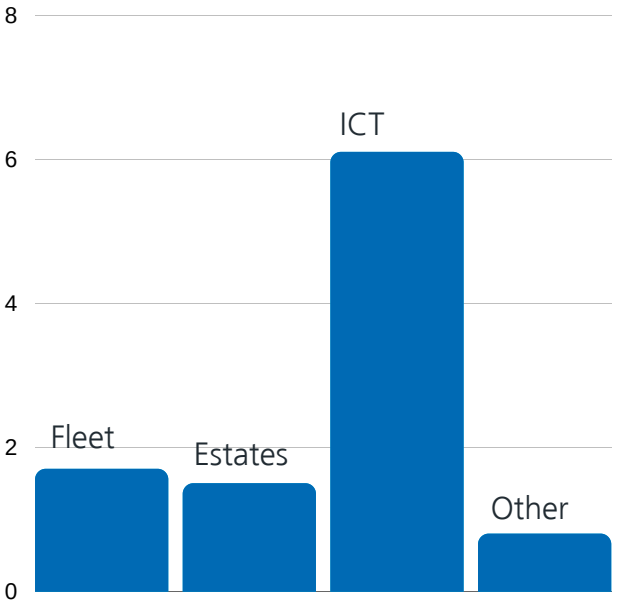


Total £239.1m

Capital Investment

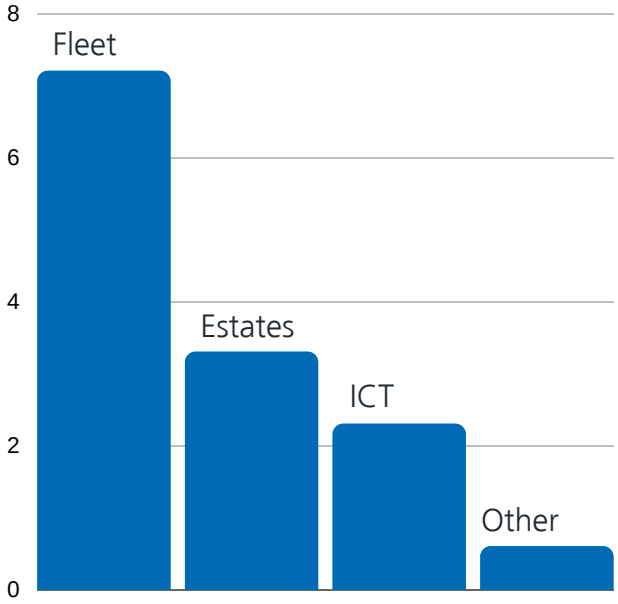
Investment in capital resources for 2020/21 was £9.9 million (2019/20: £13.4 million). This amount includes ambulance equipment, replacement of the electronic patient record tablets the MK Emergency Services Hub and the IT equipment for all frontline staff.

Capital Investment £m 2020/21



Total: £9.9m

Capital Investment £m 2019/20



Total £13.4m

Internal Audit Function

The Trust's internal audit function for the past seven years has been undertaken by BDO who were appointed for a further three years from 2018/19. BDO work to a pre-agreed internal audit plan which is signed off annually by the Audit Committee. They play an important role in the Trust's annual governance process providing assurance on the working of the Trust's internal controls through their Head of Internal Audit Opinion and liaising with other external agencies, including Grant Thornton, the Trust's appointed external auditor. Internal Audit has a standing invitation to all of the Trust's Audit Committees.

Going Concern

After making enquiries, the directors have a reasonable expectation that the services provided by South Central Ambulance NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Disclosure of Information to the Auditors

So far as each of the directors is aware, there is no relevant audit information of which the South Central Ambulance NHS Foundation Trust's auditor is unaware.

Each director has taken all the steps that they ought to have taken to make themselves of any relevant audit information and to establish that South Central Ambulance NHS Foundation Trust's auditor is aware of that information.

Cost Allocation and Charging

South Central Ambulance Service NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector information guidance.

12. REMUNERATION REPORT

ANNUAL STATEMENT FROM CHAIR OF REMUNERATION COMMITTEE

Composition, attendance, establishment and duties

The Remuneration, Nomination and Terms of Service Committee's self-assessment is that it is performing competently across the range of its duties. The Committee's Terms of Reference (TOR) were last revised in March 2021 with minor amendments made and approved by the SCAS Board. From April 2020 – March 2021, six meetings (including virtual and extra-ordinary meetings) were held; attendance is shown in the table below. The Committee Chair has been Sumit Biswas, with Anne Stebbing, Lena Samuels and Ian Green (from 22nd September 2020) as members.

Committee work programme 2020/2021

- ➔ Director salaries and bonus review
- ➔ IR35/Agency regulations/Off-payroll staff
- ➔ review of proposed Talent Programme
- ➔ review effectiveness of VSM remuneration policy including the reconsideration of inclusion of direct reports to executive directors
- ➔ equal pay
- ➔ NHS Annual Leave Calculation Settlement

Governance issues

The Committee's self-assessment is that it is generally performing competently across all areas. During the year the Committee has been required to spend time reviewing and agreeing the Trust's position with respect to redundancy business cases, individual employment tribunal and employment-related legal claims, agency 'spend caps', IR35 application and off-payroll arrangements.

The Committee has overseen operation of the Trust Remuneration Policy, including transfer of a new Director of Partnerships & Strategic Development (from NHS Agenda for Pay Terms and Conditions) (non-board member) and the pay and performance bonuses to Executive Directors and eligible Very Senior Manager contract holders for 2019/2020.

The Committee has ensured compliance with statutory requirements, including the CQC Regulations for 'Fit and Proper Person' and the return of staff receiving severance payment to the NHS, and HMRC Regulation relating to off-payroll employment arrangements (including IR35) for senior public sector employees.

Setting performance objectives

The Committee has worked with the Chair and Chief Executive to ensure appropriate oversight, approval and review of the Executive's annual performance objectives and in particular the quality of these.

Appointments

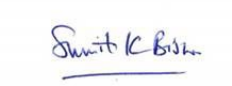
The Committee appropriately oversees Chief Executive and Executive Director appointments. There were no new appointments during 2020/2021.

Administration

The Committee's self-assessment is that it is performing competently across these areas. It is well supported and advised by the Director of Human Resources and Organisational Development.

Summary of key development issues

The Committee will provide continuous oversight of the quality, relevance and clarity of chief executive, executive director and senior management objective setting and review processes. The Committee will continue to review and refine the Trust Remuneration Policy, including performance bonuses. The Committee will continue to monitor the value of extending its oversight of annual performance objectives and review to the next level of Trust senior management in discussion with the Chief Executive and as part of the Trust development of its 'Talent Management' programme. The Committee will continue to seek assurance of compliance with statutory requirements as it relates to the employment of the Chief Executive, executive directors and senior management. The Committee will continue to maintain an oversight of key recent statutory and NHS Improvement requirements relating to Trust workforce including agency spend caps, IR35 applications and any off-payroll contractor arrangements.



Sumit Biswas

Remuneration Committee Chairman

April 2020

Approved by:

Will Hancock

Chief Executive

April 2020

Remuneration Committee – Attendance List 2019/2020

	Committee members				In attendance	
Date	Sumit Biswas	Anne Stebbing	Lena Samuels	Ian Green	Melanie Saunders	Will Hancock
17th April 2020	Yes	Yes	Yes	N/A	Yes	Yes
16th June 2020	Yes	Yes	Yes	N/A	Yes	Yes
7th July 2020	Yes	Yes	Yes	N/A	Yes	Yes
22nd September 2020	Yes	No	Yes	Yes	Yes	Yes
19th October 2020	Yes	Yes	Yes	Yes	Yes	Yes
15th December 2020	Yes	Yes	Yes	Yes	Yes	Yes

SCAS Remuneration Policy

SCAS has a published policy for determining the remuneration of senior trust staff, which is available as a separate document on the SCAS website:

https://www.scas.nhs.uk/policy-for-determining-the-remuneration-of-senior-trust-staff/

ANNUAL REPORT ON REMUNERATION- Directors Salaries and Benefits for The Year Ended 31 March 2021 (Audited)

	2020/21				
Name and Title	Salary (bands of £5,000) £000	Taxable Benefits £s, to the nearest £100	Annual Performance related bonuses in bands of £5,000	All pension related benefits (bands of £2,500)	Total in bands of £5,000
Lena Samuels (Chairman)	50-55				
Les Broude (Non - Executive Director)	10-15				
Mike Hawker (Non - Executive Director)	15-20				
Nigel Chapman (Non - Executive Director)	15-20				
Sumit Biswas (Non - Executive Director)	10-15				
Priya Singh (Non - Executive Director)	10-15				
Dr Anne Stebbing (Non - Executive Director)	15-20				
Ian Green (Non - Executive Director)	5-10				
William Hancock (Chief Executive)	185-190	6800	5-10	57.5-60	255-260
Charles Porter (Director of Finance)	130-135		5-10	35-37.5	175-180
Michael Murphy (Director of Strategy and Business Development)	120-125		5-10	92.5-95	220-225
Melanie Saunders (Director of Human Resources and Organisational Development	115-120		5-10	32.5-35	155-160
John Black (Medical Director)	135-140				
Professor Helen Young (Director of Patient Care)	120-125		10-15	37.5-40	170-175
Paul Kempster (Chief Operating Officer)	125-130		0-5	77.5-80	205-210
Jane Campbell (Acting Director of Patient Care)	95-100				95-100
Mid-Point Band of highest paid Director's Total					187.5
Median Total Remuneration (£000)					26.3
Highest Paid Director as a proportion of the median					7.13

	2019/20					
Name and Title	Salary (bands of £5,000) £000	Taxable Benefits to the nearest £100	Annual Performance related bonuses in bands of £5,000	All pension related benefits (bands of £2,500)	Total in bands of £5,000	
Lena Samuels (Chairman)	50-55					
Les Broude (Non - Executive Director)	10-15					
Mike Hawker (Non - Executive Director)	15-20					
Nigel Chapman (Non - Executive Director)	15-20					
Sumit Biswas (Non - Executive Director)	10-15					
Priya Singh (Non - Executive Director)	10-15					
Dr Anne Stebbing (Non - Executive Director)	15-20					
Ian Green (Non - Executive Director)						
William Hancock (Chief Executive)	185-190	6800	5-10	42.5-45	235-240	Note 1
Charles Porter (Director of Finance)	130-135		5-10	22.5-25	160-165	Note 1
Michael Murphy (Director of Strategy and Business Development)	120-125			52.5-55	175-180	Note 1
Melanie Saunders (Director of Human Resources and Organisational Development	115-120	1100	0 -5	12.5-15	130-135	Note 1
John Black (Medical Director)	135-140					Note 2
Professor Helen Young (Director of Patient Care)	125-130		0-5	10-12.5	135-140	Note 1
Paul Kempster (Chief Operating Officer)	70-75			27.5-30	100-105	Note 1
Jane Campbell (Acting Director of Patient Care)						Note 3
Mid-Point Band of highest paid Director's Total					187.50	
Median Total Remuneration (£000)					25.10	
Highest Paid Director as a proportion of the median					7.47	

Notes

1. William Hancock, Charles Porter, Mike Murphy, Helen Young, Paul Kempster and Melanie Saunders were awarded an annual bonus based on individual performance against objectives, overall contribution to organisational performance, and their leadership.

2. Dr John Black is a recharge from the Oxford University Hospitals NHS Foundation Trust.

3. Jane Campbell is acting as the Director of Patient Care whilst Professor Helen Young focuses on the national Covid Services.

PENSIONS FOR THE YEAR ENDED 31 MARCH 2021 (Audited)

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000)	Lump sum at aged 60 related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2020	Real Increase in Cash Equivalent Transfer Value 31 March 2021	Employers contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
William Hancock (Chief Executive)	2.5-5	0-2.5	70-75	160-165	1361	1255	58	0
Charles Porter (Director of Finance)	2.5-5	0-2.5	25-30	40-45	498	443	29	0
Michael Murphy (Director of Strategy and Business Development)	5-7.5	0	20-25	0	305	216	67	0
Melanie Saunders (Director of Human Resources and Organisational Development	2.5-5	0-2.5	35-40	80-85	682	625	29	0
Professor Helen Young (Director of Patient Care)	2.5-5	0-2.5	50-55	130-135	1017	943	41	0
Mr Paul Kempster (Chief Operating Officer)	2.5-5	0	5-10	0	86	27	40	0
Jane Campbell (Acting Director of Patient Care)	NA	NA	30-35	75-80	610	NA	NA	0

NA = comparative information not available

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

The benefits and related CETVs have not been adjusted for the potential impact arising from the McCloud judgement

CASH EQUIVALENT TRANSFER VALUE

A Cash Equivalent Transfer Value (CETV) is the actuarially completed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Government Actuary Department (GAD) factors for the calculation of CETVs assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values.

EXPENSES

Details of number and value of expenses claimed by Governors and directors are detailed below:

	2020/21			2019/20		
	Total number in office	Total number receiving expenses	Aggregate Sum of Expenses paid (£00)	Total number in office	Total number receiving expenses	Aggregate Sum of Expenses paid (£00)
Governors	26	1	0	26	10	49
Directors	16	7	4	14	12	153

OFF-PAYROLL ENGAGEMENTS

For all off-payroll engagements as of 31 Mar 2021, for more than £245 per day and that last for longer than six months:

No. of existing engagements as of 31 March 2021	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Of which:	
Number assessed as within scope of IR35	0
Number assessed as not within scope of IR35	0
Number engaged directly (via PSC contracted to Trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021:

Number of off-payroll engagements of Board members, and / or senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed 'Board members and / or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements	0


DELL
NHS

Accounts

South Central Ambulance Service NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

South Central Ambulance Service NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by South Central Ambulance Service NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Name	Will Hancock
Job title	Chief Executive
Date	28 June 2021

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	309,986	240,601	309,986	240,601
Other operating income	4	29,734	9,701	29,622	9,550
Operating expenses	5	(336,687)	(248,730)	(335,290)	(248,017)
Operating surplus/(deficit) from continuing operations		**3,033**	**1,572**	**4,318**	**2,134**
Finance income		5	161	5	161
Finance expenses		56	(27)	56	(27)
PDC dividends payable		(1,011)	(1,724)	(1,011)	(1,724)
Net finance costs		**(950)**	**(1,590)**	**(950)**	**(1,590)**
Other gains / (losses)	10	154	27	148	27
Surplus / (deficit) for the year from continuing operations		**2,237**	**9**	**3,516**	**571**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments		(250)	-	(250)	-
Revaluations		3,734	(111)	3,711	(111)
Total comprehensive income / (expense) for the period		**5,721**	**(102)**	**6,977**	**460**
Surplus/ (deficit) for the period attributable to:					
South Central Ambulance Service NHS Foundation Trust		2,237	9	3,516	571
TOTAL		**2,237**	**9**	**3,516**	**571**
Total comprehensive income/ (expense) for the period attributable to:					
South Central Ambulance Service NHS Foundation Trust		5,721	(102)	6,977	460
TOTAL		**5,721**	**(102)**	**6,977**	**460**

Statements of Financial Position

		Group		Trust	
	Note	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Non-current assets					
Intangible assets	12	3,029	3,271	3,029	3,271
Property, plant and equipment	13	71,408	72,882	60,869	57,141
Other investments / financial assets	17	-	-	10,669	14,143
Total non-current assets		**74,437**	**76,153**	**74,567**	**74,555**
Current assets					
Inventories	15	1,142	962	752	554
Receivables	16	20,123	16,138	20,678	16,068
Other investments / financial assets	17	-	-	2,748	2,842
Non-current assets held for sale	18	-	930	-	930
Cash and cash equivalents	19	50,714	20,561	49,051	20,057
Total current assets		**71,979**	**38,591**	**73,229**	**40,451**
Current liabilities					
Trade and other payables	20	(41,870)	(24,264)	(41,204)	(23,667)
Provisions	21	(9,388)	(7,232)	(9,319)	(7,232)
Total current liabilities		**(51,258)**	**(31,496)**	**(50,523)**	**(30,899)**
Total assets less current liabilities		**95,158**	**83,248**	**97,273**	**84,107**
Non-current liabilities					
Trade and other payables	20	-	(3)	-	(3)
Provisions	21	(6,401)	(5,051)	(6,401)	(5,051)
Total non-current liabilities		**(6,401)**	**(5,054)**	**(6,401)**	**(5,054)**
Total assets employed		**88,757**	**78,194**	**90,872**	**79,053**
Financed by					
Public dividend capital		64,217	59,375	64,217	59,375
Revaluation reserve		16,830	13,369	16,807	13,369
Other reserves		(350)	(350)	(350)	(350)
Income and expenditure reserve		8,060	5,800	10,198	6,659
Total taxpayers' equity		**88,757**	**78,194**	**90,872**	**79,053**

The financial statements on pages 104 to 107 were approved by the Board on 28/6/21 and signed on its behalf by:

Name **Will Hancock**

Position **Chief Executive**

Date **28 June 2021**

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**59,375**	**13,369**	**(350)**	**5,800**	**78,194**
Surplus/(deficit) for the year	-	-	-	2,237	**2,237**
Impairments	-	(250)	-	-	**(250)**
Revaluations	-	3,734	-	-	**3,734**
Transfer to retained earnings on disposal of assets	-	(23)	-	23	**-**
Public dividend capital received	4,842	-	-	-	**4,842**
Taxpayers' and others' equity at 31 March 2021	**64,217**	**16,830**	**(350)**	**8,060**	**88,757**

Consolidated Statement of Changes in Equity for the year ended 31 March 2020

Group	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**59,284**	**13,536**	**(350)**	**5,735**	**78,205**
Surplus/(deficit) for the year	-	-	-	9	**9**
Revaluations	-	(111)	-	-	**(111)**
Revaluations and impairments - charitable fund assets	-	(56)	-	56	**-**
Public dividend capital received	91	-	-	-	**91**
Taxpayers' and others' equity at 31 March 2020	**59,375**	**13,369**	**(350)**	**5,800**	**78,194**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

Other reserves was a residual balance that was required in 2006 when the Trust was formed. The reserve was created from the opening net assets with taxpayer's equity from the predecessor trust.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Changes in Equity for the year ended 31 March 2021

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**59,375**	**13,369**	**(350)**	**6,659**	**79,053**
Surplus/(deficit) for the year	-	-	-	3,516	**3,516**
Impairments	-	(250)	-	-	**(250)**
Revaluations	-	3,711	-	-	**3,711**
Transfer to retained earnings on disposal of assets	-	(23)	-	23	**-**
Public dividend capital received	4,842	-	-	-	**4,842**
Taxpayers' and others' equity at 31 March 2021	**64,217**	**16,807**	**(350)**	**10,198**	**90,872**

Trust	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**59,284**	**13,536**	**(350)**	**6,032**	**78,502**
Surplus/(deficit) for the year	-	-	-	571	**571**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(56)	-	56	**-**
Revaluations	-	(111)	-	-	**(111)**
Public dividend capital received	91	-	-	-	**91**
Taxpayers' and others' equity at 31 March 2020	**59,375**	**13,369**	**(350)**	**6,659**	**79,053**

Information on reserves

Public dividend capital

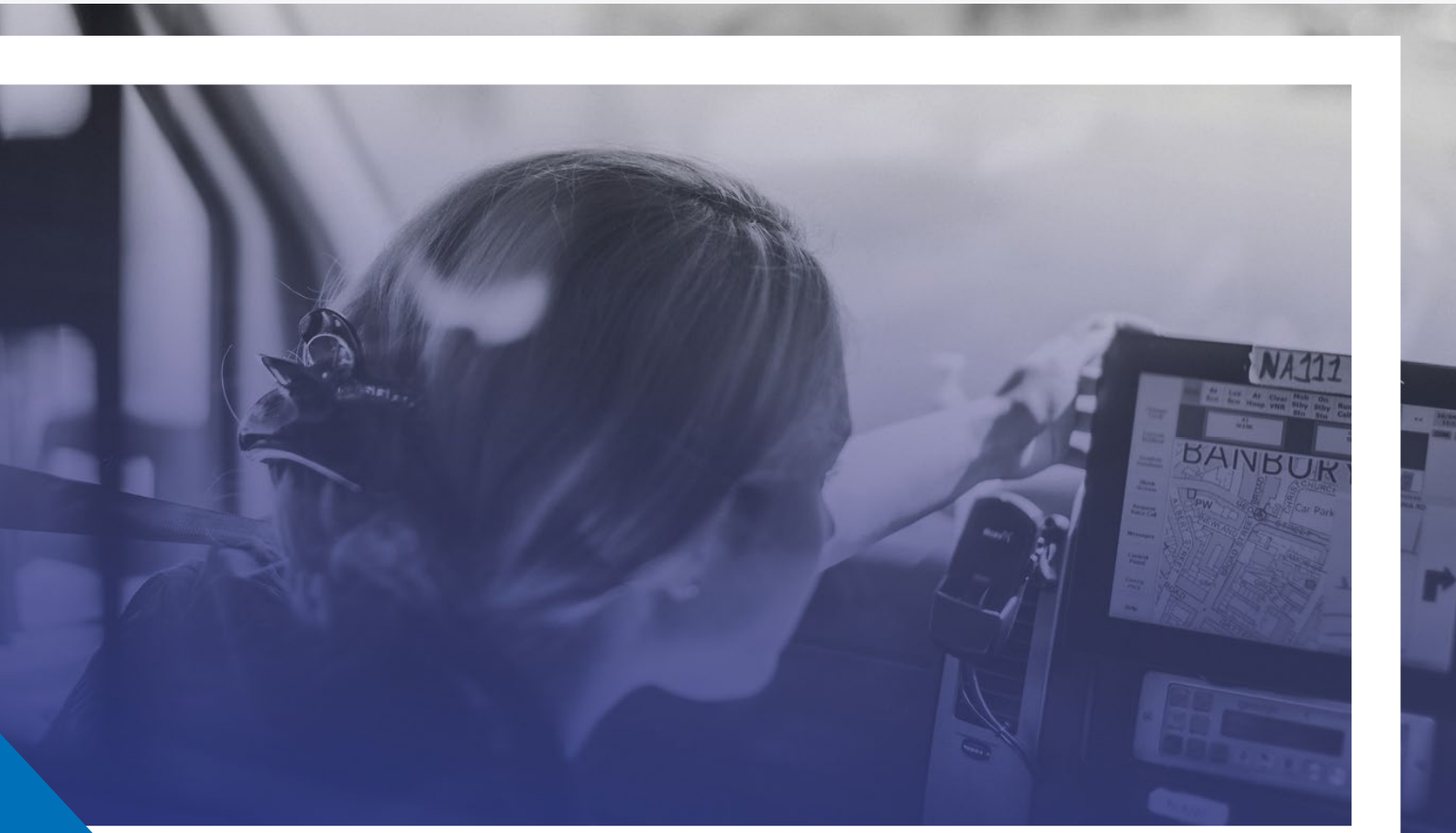
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

Other reserves was a residual balance that was required in 2006 when the Trust was formed.
The reserve was created from the opening net assets with taxpayer's equity from the predecessor trust.



Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statements of Cash Flows

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		3,033	1,572	4,318	2,134
Non-cash income and expense:					
Depreciation and amortisation	5	13,973	9,472	9,322	7,231
Net impairments	5	517	145	517	145
(Increase) / decrease in receivables and other assets		(3,928)	(2,628)	(4,548)	(2,616)
(Increase) / decrease in inventories		(180)	-	(198)	72
Increase / (decrease) in payables and other liabilities		14,085	4,852	14,014	4,063
Increase / (decrease) in provisions		3,562	804	3,493	944
Net cash flows from / (used in) operating activities		**31,062**	**14,217**	**26,918**	**11,973**
Cash flows from investing activities					
Interest received		10	170	5	175
Movement of inter-company loan balances		-	-	3,568	(4,196)
Purchase of intangible assets		(1,820)	(1,395)	(1,820)	(1,395)
Purchase of PPE and investment property		(4,598)	(11,934)	(4,539)	(5,643)
Sales of PPE and investment property		1,730	172	1,093	84
Net cash flows from / (used in) investing activities		**(4,678)**	**(12,987)**	**(1,693)**	**(10,975)**
Cash flows from financing activities					
Public dividend capital received		4,842	91	4,842	91
Movement on loans from DHSC		-	(1,400)	-	(1,400)
Interest on loans		-	(7)	-	(7)
PDC dividend (paid) / refunded		(1,073)	(1,927)	(1,073)	(1,927)
Net cash flows from / (used in) financing activities		**3,769**	**(3,243)**	**3,769**	**(3,243)**
Increase / (decrease) in cash and cash equivalents		**30,153**	**(2,013)**	**28,994**	**(2,245)**
Cash and cash equivalents at 1 April - brought forward		**20,561**	**22,574**	**20,057**	**22,302**
Cash and cash equivalents at 31 March	19	**50,714**	**20,561**	**49,051**	**20,057**

Notes to the Accounts

Note Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury.

Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Funds

South Central Ambulance NHS Foundation Trust is the Corporate Trustee to South Central Ambulance Charity. South Central Ambulance NHS Foundation Trust has considered the materiality of the current annual value of transactions and as a result has not consolidated the charitable fund results in to the Trust accounts.

The SCA Charity had total gross assets of £495k as at 31 March 2021 (2019/20: £572k). During the 2020/21 year the Charity received income of £558k (2019/20: £210k) and incurred expenditure of £586k (2019/20: £398k). The results for 31 March 2021 are provisional and unaudited at this stage and are subject to change.

Other subsidiaries

On 5 September 2015 the Trust established a wholly owned subsidiary company 'South Central Fleet Services Ltd'. The accounts show results for the Group and the Trust. The company began trading on 1 November 2015 and provides a range of fleet services to the Trust. The Trust's investment in the company is £441,310 of share capital and £13.703m of outstanding loans.

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated

in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the unaudited draft financial statements of the subsidiary for the year.

Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation. IFRS16 has not been adopted by the NHS until 2022/23, however the subsidiary company is required to report on an IFRS basis with the IFRS16 adjustments reversed out on consolidation. Included within the subsidiary company's unaudited 2020/21 accounts will be an amount of £1.551m right of use asset (2019/20 audited: £1.68m) along with a £1.747m lease liability (2019/20 audited: £1.853m), of which £0.108m is due within 1 year (2019/20 audited: £0.105m), £0.473m due within 2 - 5 years (2019/20 audited: £457m) and £1.166m due after 5 years (2019/20 audited : £1.291m). On the profit and loss account will be a £0.129m depreciation charge (2019/20 audited: £0.129m) which is shown in the consolidated accounts as an operating lease expense. The audit of the subsidiary is carried out by Azets Audit Services and is carried out at a later date than these consolidated accounts. Included in the 2019/20 consolidated accounts were IFRS16 estimates in relation to the subsidiary as follows; right of use asset £2.16m (actual audited £1.68m), of which £0.166m is due within 1 year (actual £0.108m). £0.664m due within 2 - 5 years (actual £0.473m) and £1.330m due after 5 years (actual £1.166m). On the profit and loss account will be a £0.166m depreciation charge (actual £1.29m) which is shown in the consolidated accounts as an operating lease expense. The figures stated above for the unaudited 2020/21 accounts are provisional and are subject to change.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners in respect of healthcare services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

Where income is received for a specific activity, which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations have been satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Note 1.8.1 Recognition

Property, plant and equipment is capitalised where:

- ➔ it is held for use in delivering services or for administrative purposes
- ➔ it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- ➔ it is expected to be used for more than one financial year and the cost of the item can be measured reliably
- ➔ the item has a cost of at least £5,000 or collectively a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous disposal dates and are under single managerial control
- ➔ items form part of the initial equipping and setting-up cost of a new building, irrespective of their individual or collective cost

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Note 1.8.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- ➔ Land and non-specialised buildings – market value for existing use
- ➔ Specialised buildings – depreciated replacement cost on a modern equivalent asset basis

The Trust has an annual valuation exercise of its owned property (land and buildings) with a valuation date as at 31st March 2021. This was undertaken by an accredited valuer, Bomford Estates Ltd, on a property by property basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a

modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is

made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.8.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

➔ the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;

➔ the sale must be highly probable i.e.:

- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.8.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner

specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.8.5 Useful Economic lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	20	70
Dwellings	20	70
Plant & machinery	5	15
Transport equipment	5	7
Information technology	3	5
Furniture & fittings	5	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above. During the year the depreciation policy has changed to reduce the useful economic lives of vehicles from a maximum of 9 years to a maximum of 7 years, this policy change is in line with the recommendations of the Carter Report for ambulance trusts to reduce the useful economic lives of ambulances.

Note 1.9 Intangible assets

Note 1.9.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- ➔ the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- ➔ the Trust intends to complete the asset and sell or use it
- ➔ the Trust has the ability to sell or use the asset
- ➔ how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- ➔ adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- ➔ the Trust can measure reliably the expenses attributable to the asset during development

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Note 1.9.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus, with no plan to bring it back into use, is valued at fair value under IFRS 13 if it does not meet the requirements of IAS 40 of IFRS 5.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits

Note 1.9.3 Useful economic life of in

Useful economic lives reflect the total life of an asset and not the remaining life of an asset.
The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Purchased intangible assets - Software	3	5

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to high turnover of stocks. A review is made where necessary for obsolete, slow moving and defective stocks and written off where considered appropriate.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. The value of the deemed income and expenditure was £3.724m.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets or liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the assets gross carrying amount and the present value of estimated future cash flows discounted at the financial assets original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee, the Trust doesn't have any finance leases. All other leases are classified as operating leases.

Note 1.12.1 " The Trust as lessee "

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of South Central Ambulance Foundation Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		2020/21 Nominal rate	2019/20 Nominal rate
Short-term	Up to 5 years	-0.02%	0.51%
Medium-term	After 5 years up to 10 years	0.18%	0.55%
Long-term	Exceeding 10 years	1.99%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

	2020/21 Inflation rate	2019/20 Inflation rate
Year 1	1.20%	1.90%
Year 2	1.60%	2.00%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% (2019/20: minus 0.5%) in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 22 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 23 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- ➔ possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

- ➔ present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

The subsidiary company, South Central Fleet Services Limited, is VAT registered.

Note 1.18 Corporation tax

South Central Ambulance NHS Foundation Trust has determined that it has no corporation tax liability as the Trust's profit generated from non - operational income falls below the threshold amount of £50,000.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been adopted early in 2020/21.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will review its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate (0.91%).

The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard to the existing lease portfolio as well as to subsequent leases. It is estimated that the right of use assets will be £31m and these will be added to the assets of the Trust along with lease liabilities of £31m. The annual depreciation charge on the lease portfolio from 1st April 2022 is estimated to be £8m with a reduction in rentals under operating lease of £8m.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	35,508
Additional lease obligations recognised for existing operating leases	(35,508)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(7,983)
Additional finance costs on lease liabilities	(103)
Lease rentals no longer charged to operating expenditure	8,086
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**-**
Estimated increase in capital additions for new leases commencing in 2022/23	**5,220**

Note 1.22 Critical accounting estimates and judgements

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised, if the revision affects

only that period or in the period of the revision and future periods if the revision affects both differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods, if the revision affects both current and future periods.

The following are the critical judgements, apart from those involving estimations (see below), that management has made in the process of applying the Foundation Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Charitable Funds - see note 1.3. the Trust is the corporate trustee of the linked charity, South Central Ambulance Charity. The Trust has assessed its relationship under IFRS10 and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. However, the charitable funds are immaterial in the context of the group and therefore transactions have not been consolidated. Details of the transactions with the charity are included in the related party transactions note (note 27).

Note 1.23 Sources of estimation uncertainty

An impairment review has been carried out on the inter-company loans, the exposure to potential default is £13.703m with vehicles asset values of £7.916m, this results in a potential maximum theoretical loss on the loans of £5.786m or 42.2%. The probability of default has been calculated at 6.5% based on the EU and UK and Global trailing 12 month speculative grade default rate for vehicles. The theoretical write down of the loans would be 6.5% of the £5.786m which would result in a theoretical write down of £376k, sensitivity analysis is £58k per 1%. No impairment write down has been provided during this financial year due to the non-material nature of the calculated theoretical default and due to the loan repayments from South Central Fleet Services Limited being repaid on schedule.

Note 2 Operating Segments

Each segment is reported separately in the monthly Board report. Emergency Services include the 999 service, NHS 111 Call Handling, Education and Training, the Hazardous Area Response Team, National Covid -19 Services run by the Trust and the additional to the Trust costs of Covid-19. Non-Emergency Services including Patient Transport Services (NEPTS) and Logistic Services.

Direct costs include employees and non-employee costs (staff costs, drugs, medical equipment, vehicle costs etc.) The Trust only reports contribution before overheads by service line reporting to the Trust Board at Public Board meetings.

	Emergency Services	Non Emergency Services	Corporate	Sub-Total	*NHS Pension	Total
	2020/21 £0	2020/21 £0	2020/21 £0	2020/21 £0	2020/21 £0	2020/21 £0
Income	272,078	53,139	6,403	331,620	8,101	339,721
Direct Costs	(220,350)	(47,294)	(6,403)	(274,047)	(8,101)	(282,148)
Contribution Operational Activities	**51,727**	**5,845**	**0**	**57,572**	**0**	**57,572**
Total overheads				(40,566)		(40,566)
Depreciation and amortisation				(13,974)		(13,974)
PSF/FRF Funding (previously known as STF Funding).				0		0
Total Costs Before Dividends and Interest				**(54,539)**		**(54,539)**
Operating Surplus(Deficit)				**3,033**		**3,033**

* See Note 3.1 and Note 7.

	Emergency Services	Non Emergency Services	Corporate	Sub-Total	*NHS Pension	Total
	2019/20 £0	2019/20 £0	2019/20 £0	2019/20 £0	2019/20 £0	2019/20 £0
Income	187,163	51,662	2,884	241,709	6,454	248,163
Direct Costs	(149,075)	(48,422)	(2,884)	(200,381)	(6,454)	(206,835)
Contribution Operational Activities	**38,088**	**3,240**	**0**	**41,328**	**0**	**41,328**
Total overheads				(32,423)		(32,423)
Depreciation and amortisation				(9,472)		(9,472)
PSF/FRF Funding (previously known as STF Funding).				2,139		2,139
Total Costs Before Dividends and Interest				**(39,756)**		**(39,756)**
Operating Surplus(Deficit)				**1,572**		**1,572**

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	**2020/21 £000**	**2019/20 £000**
Ambulance services		
A & E income *	249,368	183,049
Patient transport services income	51,528	49,703
Other income	989	1,395
All services		
Additional pension contribution central funding**	8,101	6,454
Total income from activities	**309,986**	**240,601**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

The dormant national pandemic flu service was rolled out and became known as the Covid Response Service (CRS). The Trust also took on another national service known as the Covid Clinical Assessment Service (CCAS). The income for both CRS and CCAS are accounted for within A&E income.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)	**2020/21**	**2019/20**
Income from patient care activities received from:	**£000**	**£000**
NHS England *	44,721	10,463
Clinical commissioning groups	249,518	222,798
Department of Health and Social Care	-	-
Other NHS providers	3,431	3,440
NHS other **	11,784	2,622
Local authorities	69	15
Injury cost recovery scheme	245	337
Non NHS: other	218	926
Total income from activities	**309,986**	**240,601**
Of which:		
Related to continuing operations	309,986	240,601
Related to discontinued operations		

* NHS England income includes £29.0m for the CCAS service (2019/20 £1.6m)

** NHS Other income includes £11.78m for the CRS service (2019/20 £1.9m)

Note 4.1 Other operating income (group)	2020/21	2019/20
	Total	Total
	£000	£000
Education and training	**3,218**	**2,711**
Non-patient care services to other bodies	**1,609**	**2,548**
Provider sustainability fund (2019/20 only)	**-**	**1,764**
Financial recovery fund (2019/20 only)	**-**	**375**
Reimbursement and top up funding *	**19,747**	**-**
Contributions to expenditure - donated from DHSC group bodies for Covid Response	**3,734**	
Income in respect of employee benefits accounted on a gross basis	**-**	**900**
Other income **	**1,426**	**1,403**
Total other operating income	**29,734**	**9,701**
Of which:		
Related to continuing operations	29,734	9,701
Related to discontinued operations	-	-

*The reimbursement and top up funding was formed of three main components an initial block top up of £4.3m to get the Trust to a breakeven position, reimbursement for Covid-19 expenses in months 1-6 of £11.9m and a compensatory amount for lost income resulting from the pandemic of £2.5m.

**Other income includes £596k of income related to ICT system support for Isle of Wight Trust and £158k apprenticeship levy

Note 4.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2020/21	2019/20
	£000	£000
Income from services designated as commissioner requested services	249,368	183,049
Income from services not designated as commissioner requested services	52,517	51,098
Total	**301,885**	**234,147**

Note 5.1 Operating expenses (Group)

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	850	521
Purchase of healthcare from non-NHS bodies - Accident & Emergency	17,377	13,610
Purchase of healthcare from non-NHS bodies - Patient Transport	18,792	15,108
Staff and executive directors costs	211,419	156,271
Remuneration of non-executive directors	311	291
Supplies and services - clinical (excluding drugs costs)	5,587	3,764
Supplies and services - general	3,138	1,287
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	382	291
Donated Personal Protective Equipment (PPE)	3,724	-
Consultancy costs	382	328
Establishment	6,135	4,245
Premises	6,435	4,070
Information Technology	8,784	6,110
Transport (including business travel)	15,830	16,893
Depreciation on property, plant and equipment	11,911	8,401
Amortisation on intangible assets	2,062	1,071
Net impairments	517	145
Movement in credit loss allowance: contract receivables / contract assets	(53)	57
Change in provisions discount rate(s)	134	209
Audit fees payable to the external auditor		
audit services- statutory audit	53	46
other auditor remuneration (external auditor only)	13	9
Internal audit costs	78	67
Clinical negligence	6,045	1,983
Legal fees	1,132	325
Insurance	2,698	1,400
Education and training	3,357	1,473
Rentals under operating leases	7,764	7,410
Hospitality	46	13
*Other services, eg external payroll	970	2,551
Other	814	781
Total	**336,687**	**248,730**
Of which:		
Related to continuing operations	336,687	248,730
Related to discontinued operations		-

*Other services includes £652k from 111 managed service contract (2019/20: £2,390k)

Note 5.2 Other auditor remuneration (Group)

	2020/21 £000	2019/20 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	13	9
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**13**	**9**

The £13k audit for South Central Fleet Services Limited will be undertaken by an audit firm other than Grant Thornton.

Note 5.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £2m (2019/20: £2m).

Note 6 Impairment of assets (Group)

There were impairments in 2020/21 of £517k (note 5.1) and £250k charged to the revaluation reserve (2019/20: £145k charged to impairments).

Note 7 Employee benefits (Group)

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	162,283	120,515
Social security costs	15,510	11,353
Apprenticeship levy	778	529
Employer's contributions to NHS pensions*	26,882	21,345
Temporary staff (including agency)	5,966	2,529
Total gross staff costs	**211,419**	**156,271**
Recoveries in respect of seconded staff	-	-
Total staff costs	**211,419**	**156,271**
Of which		
Costs capitalised as part of assets	-	-

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost of £8.101m (2019/20: £6.454m) and related £8.101m (2019/20: £6.454m) funding have been recognised in these accounts.

During the year to 31 March 2021 the highest paid director was the Chief Executive who was paid a salary between £185k and £190k and was assessed as in receipt of benefit in kind of £7k.

In the year ended 31 March 2021, seven directors (2020: seven) accrued benefits under a defined benefits pension scheme.

Note 7.1 Retirements due to ill-health (Group)

During 2020/21 there were 2 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £78k (£117k in 2019/20).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Further details of directors' remuneration can be found in the remuneration report which is included in the Trust Annual Report 2020/21.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Defined Contribution Schemes

The company operates a defined contribution retirement benefit schemes for all new employees and existing employees. The scheme is operated by NEST, a scheme established by the government to aid the auto-enrolment process and details can be accessed on the NEST website www.nestpensions.org.uk. The assets of the schemes are held separately from those of the company in an independently administered fund.

Note 9 Operating leases (Group)

Note 9.1 South Central Ambulance Service NHS Foundation Trust as a lessor

The Group had no operating lease income in 2020/21 (2019/20: nil).

Note 9.2 South Central Ambulance Service NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where South Central Ambulance Service NHS Foundation Trust is the lessee.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Operating lease expense				
Minimum lease payments	7,764	7,410	7,630	7,263
Less sublease payments received	-	-	-	-
Total	**7,764**	**7,410**	**7,630**	**7,263**

	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Future minimum lease payments due relating to building leases:				
- not later than one year;	3,058	2,867	2,892	2,701
- later than one year and not later than five years;	10,847	10,984	10,183	10,320
- later than five years.	9,160	11,074	7,998	9,744
Total	**23,065**	**24,925**	**21,073**	**22,765**

	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Future minimum lease payments due relating to other leases:				
- not later than one year;	3,241	3,536	3,241	3,536
- later than one year and not later than five years;	6,728	6,791	6,728	6,791
- later than five years.	-	57	-	57
Total	**9,969**	**10,384**	**9,969**	**10,384**

Note 10 Other gains / (losses) (Group)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	154	27
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**154**	**27**

Note 11 Corporation Tax

The Trust has determined that it has no corporation tax liability from its subsidiary, South Central Fleet Services Ltd, in the qualifying period. The Trust does not have any other qualifying income from any of its other activities.

Note 12.1 Intangible assets - 2020/21

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**10,494**	**606**	**11,100**
Additions	126	1,694	**1,820**
Reclassifications	191	(191)	**-**
Disposals / derecognition	(38)	-	**(38)**
Valuation / gross cost at 31 March 2021	**10,773**	**2,109**	**12,882**
Amortisation at 1 April 2020 - brought forward	**7,829**	**-**	**7,829**
Provided during the year	2,062	-	**2,062**
Disposals / derecognition	(38)	-	**(38)**
Amortisation at 31 March 2021	**9,853**	**-**	**9,853**
Net book value at 31 March 2021	**920**	**2,109**	**3,029**
Net book value at 1 April 2020	**2,665**	**606**	**3,271**

Note 12.2 Intangible assets - 2019/20

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**9,509**	**285**	**9,794**
Additions	757	638	**1,395**
Reclassifications	317	(317)	**-**
Disposals / derecognition	(89)	-	**(89)**
Valuation / gross cost at 31 March 2020	**10,494**	**606**	**11,100**
Amortisation at 1 April 2019 - as previously stated	**6,847**	**-**	**6,847**
Provided during the year	1,071	-	**1,071**
Disposals / derecognition	(89)	-	**(89)**
Amortisation at 31 March 2020	**7,829**	**-**	**7,829**
Net book value at 31 March 2020	**2,665**	**606**	**3,271**
Net book value at 1 April 2019	**2,662**	**285**	**2,947**

Note 12.3 Intangible assets - 2020/21

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**10,451**	**606**	**11,057**
Additions	126	1,694	**1,820**
Reclassifications	191	(191)	**-**
Disposals / derecognition	(38)	-	**(38)**
Valuation / gross cost at 31 March 2021	**10,730**	**2,109**	**12,839**
Amortisation at 1 April 2020 - brought forward	**7,786**	**-**	**7,786**
Provided during the year	2,062	-	**2,062**
Disposals / derecognition	(38)	-	**(38)**
Amortisation at 31 March 2021	**9,810**	**-**	**9,810**
Net book value at 31 March 2021	**920**	**2,109**	**3,029**
Net book value at 1 April 2020	**2,665**	**606**	**3,271**

Note 12.4 Intangible assets - 2019/20

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**9,377**	**285**	**9,662**
Additions	757	638	**1,395**
Reclassifications	317	(317)	**-**
Valuation / gross cost at 31 March 2020	**10,451**	**606**	**11,057**
Amortisation at 1 April 2019 - as previously stated	**6,715**		**6,715**
Provided during the year	1,071		**1,071**
Amortisation at 31 March 2020	**7,786**	**-**	**7,786**
Net book value at 31 March 2020	**2,665**	**606**	**3,271**
Net book value at 1 April 2019	**2,662**	**285**	**2,947**

Note 13.1 Property, plant and equipment - 2020/21

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/ gross cost at 1 April 2020 - brought forward	**9,277**	**43,594**	**5,954**	**16,364**	**37,625**	**8,632**	**1,552**	**122,998**
Additions	-	1,023	5,133	1,597	59	245	59	**8,116**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	163	2,456	-	-	-	-	-	**2,619**
Reclassifications	-	2,331	(2,773)	25	165	252	-	**-**
Disposals / derecognition	-	(88)	(320)	(2,039)	(4,676)	(3,373)	-	**(10,496)**
Valuation/ gross cost at 31 March 2021	**9,440**	**49,316**	**7,994**	**15,947**	**33,173**	**5,756**	**1,611**	**123,237**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**10,028**	**-**	**10,235**	**21,607**	**7,028**	**1,218**	**50,116**
Provided during the year	-	2,052	-	1,402	7,542	849	66	**11,911**
Impairments	-	767	-	-	-	-	-	**767**
Revaluations	-	(1,115)	-	-	-	-	-	**(1,115)**
Disposals / derecognition	-	(88)	-	(1,728)	(4,661)	(3,373)	-	**(9,850)**
Accumulated depreciation at 31 March 2021	**-**	**11,644**	**-**	**9,909**	**24,488**	**4,504**	**1,284**	**51,829**
Net book value at 31 March 2021	**9,440**	**37,672**	**7,994**	**6,038**	**8,685**	**1,252**	**327**	**71,408**
Net book value at 1 April 2020	**9,277**	**33,566**	**5,954**	**6,129**	**16,018**	**1,604**	**334**	**72,882**

For land and buildings the Trust uses a qualified professional valuer FRICS independent of the Trust provided by Bomford Estates. They provide on an annual basis indices for use in valuing land and buildings. The Trust undertakes a valuation exercise every year. The carrying value of land under the cost model is £9.44m, the carrying value of buildings under the cost model is £34.927m.

During the year the Department for Health and Social Care donated equipment worth £10k to the Trust, this donated equipment was expensed through operating expenditure.

The useful economic life of the ambulance vehicles was reduced from 9 years to 7 years in line with recommendations in the Carter Report. This has resulted in a reduction in net book value of vehicles by £3.920m.

Note 13.2 Property, plant and equipment - 2019/20

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**10,099**	**43,031**	**3,010**	**13,665**	**36,008**	**7,916**	**1,481**	**115,210**
Additions	-	287	4,287	2,775	4,254	360	42	**12,005**
Impairments	-	(145)	-	-	-	-	-	**(145)**
Revaluations	(2)	(109)	-	-	-	-	-	**(111)**
Reclassifications	-	792	(1,343)	81	85	356	29	**-**
Transfers to / from assets held for sale	(820)	(136)	-	-	-	-	-	**(956)**
Disposals / derecognition	-	(126)	-	(157)	(2,722)	-	-	**(3,005)**
Valuation/ gross cost at 31 March 2020	**9,277**	**43,594**	**5,954**	**16,364**	**37,625**	**8,632**	**1,552**	**122,998**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**8,253**	**-**	**9,258**	**19,667**	**6,371**	**1,109**	**44,658**
Provided during the year	-	1,927	-	1,134	4,574	657	109	**8,401**
Transfers to / from assets held for sale	-	(26)	-	-	-	-	-	**(26)**
Disposals / derecognition	-	(126)	-	(157)	(2,634)	-	-	**(2,917)**
Accumulated depreciation at 31 March 2020	**-**	**10,028**	**-**	**10,235**	**21,607**	**7,028**	**1,218**	**50,116**
Net book value at 31 March 2020	**9,277**	**33,566**	**5,954**	**6,129**	**16,018**	**1,604**	**334**	**72,882**
Net book value at 1 April 2019	**10,099**	**34,778**	**3,010**	**4,407**	**16,341**	**1,545**	**372**	**70,552**

Note 13.3 Property, plant and equipment financing - 2020/21

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	8,452	36,548	7,994	6,038	8,685	1,252	327	**69,296**
Owned - donated/ granted	988	1,124	-	-	-	-	-	**2,112**
NBV total at 31 March 2021	**9,440**	**37,672**	**7,994**	**6,038**	**8,685**	**1,252**	**327**	**71,408**

Note 13.4 Property, plant and equipment financing - 2019/20

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	8,289	32,579	5,954	6,129	16,018	1,604	334	**70,907**
Owned - donated/granted	988	987	-	-	-	-	-	**1,975**
NBV total at 31 March 2020	**9,277**	**33,566**	**5,954**	**6,129**	**16,018**	**1,604**	**334**	**72,882**

Note 13.5 Property, plant and equipment - 2020/21

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2020 - brought forward	**9,277**	**42,931**	**5,631**	**13,392**	**22,034**	**8,365**	**1,552**	**103,182**
Additions	-	1,023	5,136	1,596	-	245	59	**8,059**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	163	2,433	-	-	-	-	-	**2,596**
Reclassifications	-	2,331	(2,773)	25	150	267	-	**-**
Disposals / derecognition	-	(88)	-	(1,646)	(4,661)	(3,388)	-	**(9,783)**
Valuation/gross cost at 31 March 2021	**9,440**	**48,630**	**7,994**	**13,367**	**17,523**	**5,489**	**1,611**	**104,054**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**9,963**	**-**	**9,908**	**18,058**	**6,894**	**1,218**	**46,041**
Provided during the year	-	2,009	-	1,047	3,355	783	66	**7,260**
Impairments	-	767	-	-	-	-	-	**767**
Revaluations	-	(1,115)	-	-	-	-	-	**(1,115)**
Disposals / derecognition	-	(88)	-	(1,646)	(4,661)	(3,373)	-	**(9,768)**
Accumulated depreciation at 31 March 2021	**-**	**11,536**	**-**	**9,309**	**16,752**	**4,304**	**1,284**	**43,185**
Net book value at 31 March 2021	**9,440**	**37,094**	**7,994**	**4,058**	**771**	**1,185**	**327**	**60,869**
Net book value at 1 April 2020	**9,277**	**32,968**	**5,631**	**3,484**	**3,976**	**1,471**	**334**	**57,141**

For land and buildings the Trust uses a qualified professional valuer FRICS independent of the Trust provided by Bomford Estates. They provide on an annual basis indices for use in valuing land and buildings. The Trust undertakes a valuation exercise every year. The carrying value of land under the cost model is £9.440m, the carrying value of buildings under the cost model is £34.349m.

During the year the Department for Health and Social Care donated equipment worth £10k to the Trust, this donated equipment was expensed through operating expenditure.

The useful economic life of the ambulance vehicles was reduced from 9 years to 7 years in line with recommendations in the Carter Report. This has resulted in a reduction in net book value of vehicles by £1.995m.

Note 13.6 Property, plant and equipment - 2019/20

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	**10,099**	**42,369**	**2,924**	**12,362**	**24,645**	**7,649**	**1,481**	**101,529**
Additions		286	3,965	1,106	-	360	42	**5,759**
Impairments		(145)						**(145)**
Revaluations	(2)	(109)						**(111)**
Reclassifications	-	792	(1,258)	81	-	356	29	**-**
Transfers to / from assets held for sale	(820)	(136)						**(956)**
Disposals / derecognition	-	(126)	-	(157)	(2,611)	-	-	**(2,894)**
Valuation/ gross cost at 31 March 2020	**9,277**	**42,931**	**5,631**	**13,392**	**22,034**	**8,365**	**1,552**	**103,182**
Accumulated depreciation at 1 April 2019 - as previously stated		**8,231**		**9,091**	**18,066**	**6,304**	**1,109**	**42,801**
Provided during the year		1,884		974	2,603	590	109	**6,160**
Transfers to / from assets held for sale		(26)						**(26)**
Disposals / derecognition		(126)		(157)	(2,611)	-	-	**(2,894)**
Accumulated depreciation at 31 March 2020	**-**	**9,963**	**-**	**9,908**	**18,058**	**6,894**	**1,218**	**46,041**
Net book value at 31 March 2020	**9,277**	**32,968**	**5,631**	**3,484**	**3,976**	**1,471**	**334**	**57,141**
Net book value at 1 April 2019	**10,099**	**34,138**	**2,924**	**3,271**	**6,579**	**1,345**	**372**	**58,728**

Note 13.7 Property, plant and equipment financing - 2020/21

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021								
Owned - purchased	8,452	35,970	7,994	4,058	771	1,185	327	**58,757**
Owned - donated / granted	988	1,124	-	-	-	-	-	**2,112**
NBV total at 31 March 2021	**9,440**	**37,094**	**7,994**	**4,058**	**771**	**1,185**	**327**	**60,869**

Note 13.8 Property, plant and equipment financing - 2019/20

Trust	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020								
Owned - purchased	8,289	31,981	5,631	3,484	3,976	1,471	334	**55,166**
Owned - donated / granted	988	987	-	-	-	-	-	**1,975**
NBV total at 31 March 2020	**9,277**	**32,968**	**5,631**	**3,484**	**3,976**	**1,471**	**334**	**57,141**

Note 14 Investments in subsidiaries

South Central Ambulance Service NHS Foundation Trust purchased 441,310 ordinary shares of £1 each in South Central Fleet Services Ltd. This represents a 100% direct ownership of South Central Fleet Services Ltd which is incorporated in England and Wales. This subsidiary company is included in the consolidation.

Note 15 Inventories

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Consumables	959	821	569	413
Energy	183	141	183	141
Total inventories	**1,142**	**962**	**752**	**554**

Group inventories recognised in expenses for the year were £0k (2019/20: £0k). Write-down of group inventories recognised as expenses for the year were £0k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £3,724k of items purchased by Department of Health and Social Care.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 16.1 Receivables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Contract receivables	14,529	11,207	14,526	11,207
Allowance for impaired contract receivables / assets	(381)	(434)	(381)	(434)
Prepayments (non-PFI)	5,071	3,922	4,970	3,830
Interest receivable	-	5	-	-
PDC dividend receivable	295	233	295	233
VAT receivable	12	447	673	485
Other receivables	597	758	595	747
Total current receivables	**20,123**	**16,138**	**20,678**	**16,068**
Of which receivable from NHS and DHSC group bodies:				
Current	13,562	9,492	13,562	9,492
Non-current	-	-	-	-

Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

The Trust had no non-current trade or other receivables.

The majority of trade receivables are due from clinical commissioning groups, as commissioners for NHS patient care services. As clinical commissioning groups are funded by Government no credit scoring of them is considered necessary.

Note 16.2 Allowances for credit losses - 2020/21

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2020 - brought forward	**434**	-	**434**	-
Changes in existing allowances	(53)	-	(53)	-
Allowances as at 31 Mar 2021	**381**	**-**	**381**	**-**

The provision relates to £190k injury cost recovery (2019/20: £206k), £99k trade receivables (2019/20: £84k) and £92k overpaid salaries (2019/20: £144k).

Note 17 Other financial assets

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
Current	£000	£000	£000	£000
Loans and receivables	-	-	2,748	2,842
Total other current assets	**-**	**-**	**2,748**	**2,842**
Non-current				
Share Capital	-	-	441	441
Loans and receivables	-	-	10,228	13,702
Total other non-current assets	**-**	**-**	**10,669**	**14,143**

Other financial assets represent 9 loans made to South Central Fleet Services Ltd to purchase ambulances and 1 for the refurbishment of the Milton Park premises.

The Trust have made a total of 10 loans of £22.070m which range from 5 to 10 years, all attracting interest of 3.5%, at 31 March 2021 an amount of £13.703m was outstanding (2019/20: £16.985m).

An impairment review has been carried out on the inter-company loans, the exposure to default is £13.703m, the probability of default has been calculated at 6.5% which would result in a write down of £376k. No impairment write down has been charged during this financial year due to the non-material nature of the calculated potential default and due to the loan repayments from South Central Fleet Services Limited being repaid on schedule.

Note 18 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**930**	**-**	**930**	
Assets classified as available for sale in the year	-	930	-	930
Assets sold in year	(930)	-	(930)	
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**930**	**-**	**930**

During the year land and buildings in Bletchley valued at £930k were disposed of at market value.

Note 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	**20,561**	**22,574**	**20,057**	**22,302**
Net change in year	30,153	(2,013)	28,994	(2,245)
At 31 March	**50,714**	**20,561**	**49,051**	**20,057**
Broken down into:				
Cash at commercial banks and in hand	1,663	504	-	-
Cash with the Government Banking Service	49,051	20,057	49,051	20,057
Total cash and cash equivalents as in SoFP	**50,714**	**20,561**	**49,051**	**20,057**
Total cash and cash equivalents as in SoCF	**50,714**	**20,561**	**49,051**	**20,057**

Note 20.1 Trade and other payables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Trade payables	2,712	3,737	2,650	3,413
Capital payables	4,515	997	4,515	995
Accruals	30,347	16,563	29,790	16,331
Social security costs	2,444	1,790	2,418	1,768
Other taxes payable	1,845	1,140	1,827	1,123
Other payables	7	37	4	37
Total current trade and other payables	**41,870**	**24,264**	**41,204**	**23,667**
Non-current				
Other payables	-	3	-	3
Total non-current trade and other payables	**-**	**3**	**-**	**3**
Of which payables from NHS and DHSC group bodies:				
Current	1,171	1,122	1,171	1,122
Non-current	-	-	-	-

Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 24. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Accruals include £2,628k outstanding pension contributions as at 31 March 2021 (31 March 2020: £2,021k).

Note 20.2 Early retirements in NHS payables above

There were no early retirement payments in the above.

Note 20.3 Better Payment Practice Code

Measure of compliance	March 2021 Number	March 2021 £000	March 2020 Number	March 2020 £000
Non-NHS Payables;				
Total Non-NHS Trade Invoices Paid in the Year	48,599	164,813	39,563	130,778
Total Non-NHS Trade Invoices Paid Within Target	45,962	159,202	36,695	125,581
Percentage of Non-NHS Trade Invoices Paid Within Target	94.6%	96.6%	92.8%	96.0%
NHS Payables;				
Total NHS Trade Invoices Paid in the Year	621	5,923	682	4,216
Total NHS Trade Invoices Paid Within Target	604	5,907	650	4,170
Percentage of NHS Trade Invoices Paid Within Target	97.3%	99.7%	95.3%	98.9%

The Trust will continue to try to pay invoices from its suppliers promptly and will strive to pay all valid invoices by the due date, or within 30 days of receipt of invoice in accordance with the Better Payment Practice Code.

Note 21.1 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re-structuring £000	Other* £000	Total £000
At 1 April 2020	**3,251**	**83**	**92**	**-**	**8,857**	**12,283**
Change in the discount rate	133	1	-	-	-	**134**
Arising during the year	200	6	52	-	7,107	**7,365**
Utilised during the year	(259)	(23)	(53)	-	(2,212)	**(2,547)**
Reversed unused	(325)	-	-	-	(1,065)	**(1,390)**
Unwinding of discount	(61)	5	-	-	-	**(56)**
At 31 March 2021	**2,939**	**72**	**91**	**-**	**12,687**	**15,789**
Expected timing of cash flows:						
- not later than one year;	216	23	91	-	9,058	**9,388**
- later than one year and not later than five years;	637	49	-	-	2,258	**2,944**
- later than five years.	2,086	-	-	-	1,371	**3,457**
Total	**2,939**	**72**	**91**	**-**	**12,687**	**15,789**

* Other provisions include £4,684k (2019/20: £1,576k) ongoing costs arising from the management of closure activities including the retention of clinical records, £4,897k (2019/20: £6,280k) staff related costs, £634k (2019/20: £556k) property dilapidations and £1,769k (2019/20: £445k) provision for credit notes.

Note 21.2 Provisions for liabilities and charges analysis (Trust)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Other*	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2020	**3,251**	**83**	**92**	**-**	**8,857**	**12,283**
Change in the discount rate	133	1	-	-	-	**134**
Arising during the year	200	6	52	-	7,107	**7,365**
Utilised during the year	(259)	(23)	(53)	-	(2,212)	**(2,547)**
Reversed unused	(325)	-	-	-	(1,065)	**(1,390)**
Unwinding of discount	(61)	5	-	-	-	**(56)**
At 31 March 2021	**2,939**	**72**	**91**	**-**	**12,687**	**15,789**
Expected timing of cash flows:						
- not later than one year;	216	23	91	-	9,058	**9,388**
- later than one year and not later than five years;	637	49	-	-	2,258	**2,944**
- later than five years.	2,086	-	-	-	1,371	**3,457**
Total	**2,939**	**72**	**91**	**-**	**12,687**	**15,789**

* Other provisions include £4,684k (2019/20: £1,576k) ongoing costs arising from the management of closure activities including the retention of clinical records, £4,828k (2019/20: £6,280k) staff related costs, £634k (2019/20: £556k) property dilapidations and £1,769k (2019/20: £445k) provision for credit notes.

Note 22 Clinical negligence liabilities

At 31 March 2021 £42,473k was included in provisions of NHS Resolutions in respect of clinical negligence liabilities of South Central Ambulance Service NHS Foundation Trust (31 March 2020: £36,548k).

Note 23 Contingent assets and liabilities

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities				
NHS Resolution legal claims	(54)	(54)	(54)	(54)
Employment tribunal and other employee related litigation	-	-	-	-
Gross value of contingent liabilities	**(54)**	**(54)**	**(54)**	**(54)**
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	**(54)**	**(54)**	**(54)**	**(54)**
Net value of contingent assets	-	**-**	-	**-**

Note 24 Contractual capital commitments

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	978	3,183	978	2,603
Intangible assets	80	135	80	135
Total	**1,058**	**3,318**	**1,058**	**2,738**

Note 25 Financial instruments

Note 25.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Foundation Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial standards mainly apply. The Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Foundation Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Foundation Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Foundation Trust has no overseas operations. The Foundation Trust has low exposure to currency rate fluctuations.

Credit Risk

Because the majority of the Foundation Trust's income comes from contracts with other public sector bodies, the Foundation Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the trade and other receivables note. The Trust's procurement process is robust and the Trust restricts prepayments to suppliers. The Foundation Trust is not exposed to significant liquidity risks.

Note 25.2 Carrying values of financial assets

	Group				Trust			
Carrying values of financial assets as at 31 March 2021	**Held at amortised cost £000**	**Held at fair value through I&E £000**	**Held at fair value through OCI £000**	**Total book value £000**	**Held at amortised cost £000**	**Held at fair value through I&E £000**	**Held at fair value through OCI £000**	**Total book value £000**
Trade and other receivables with NHS and DHSC bodies excluding non financial assets	13,267	-	-	**13,267**	13,267	-	-	**13,267**
Trade and other receivables with other bodies excluding non financial assets	1,478	-	-	**1,478**	1,475	-	-	**1,475**
Other Investments	-	-	-	**-**	441	-	-	**441**
Loans With Subsidiaries	-	-	-	**-**	12,976	-	-	**12,976**
Cash and cash equivalents	50,714	-	-	**50,714**	49,051	-	-	**49,051**
Total at 31 March 2021	**65,459**	**-**	**-**	**65,459**	**77,210**	**-**	**-**	**77,210**

Carrying values of financial assets as at 31 March 2020	Group				Trust			
	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables with NHS and DHSC bodies excluding non financial assets	9,259	-	-	**9,259**	9,259	-	-	**9,259**
Trade and other receivables with other bodies excluding non financial assets	2,277	-	-	**2,277**	2,264	-	-	**2,264**
Other Investments	-	-	-	**-**	441	-	-	**441**
Loans With Subsidiaries	-	-	-	**-**	17,178	-	-	**17,178**
Cash and cash equivalents	20,561	-	-	**20,561**	20,057	-	-	**20,057**
Total at 31 March 2020	**32,097**	**-**	**-**	**32,097**	**49,199**	**-**	**-**	**49,199**

Note 25.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Group			Trust		
	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	-	-	**-**	-	-	**-**
Trade and other payables with NHS and DHSC bodies excluding non financial liabilities	1,171	-	**1,171**	1,171	-	**1,171**
Trade and other payables (excluding non financial liabilities) - with other bodies	30,948	-	**30,948**	30,948	-	**30,948**
Provisions under contract	5,714	-	**5,714**	5,714	-	**5,714**
Total at 31 March 2021	**37,833**	**-**	**37,833**	**37,833**	**-**	**37,833**

Carrying values of financial liabilities as at 31 March 2020	Group			Trust		
	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	-	-	**-**	-	-	**-**
Trade and other payables with NHS and DHSC bodies excluding non financial liabilities	1,122	-	**1,122**	1,122	-	**1,122**
Trade and other payables (excluding non financial liabilities) - with other bodies	19,960	-	**19,960**	19,339	-	**19,339**
Provisions under contract	2,130	-	**2,130**	2,130	-	**2,130**
Total at 31 March 2020	**23,212**	**-**	**23,212**	**22,591**	**-**	**22,591**

Note 25.4 Fair values of financial assets and liabilities

The Group held no non-current financial assets as at 31 March 2021 (31 March 2020: nil).

The carrying amount of the following financial assets and liabilities is considered a reasonable approximation of fair value:

- ➔ Cash and cash equivalents
- ➔ Trade and other receivables
- ➔ Trade and other payables

Note 25.5 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2021 £000	31 March 2020 restated* £000	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	37,297	21,313	37,043	20,692
In more than one year but not more than five years	30	516	30	516
In more than five years	506	1,383	506	1,383
Total	**37,833**	**23,212**	**37,579**	**22,591**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 26 Losses and special payments

	2020/21		2019/20	
Group and trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Bad debts and claims abandoned	103	85	-	-
Stores losses and damage to property	1	1	2	1
Total losses	**104**	**86**	**2**	**1**
Special payments				
Ex-gratia payments	-	-	-	-
Total special payments	**-**	**-**	**-**	**-**
Total losses and special payments	**104**	**86**	**2**	**1**
Compensation payments received		-		-

All losses are derived from the Trust.

Note: All losses and special payments are on an accruals basis but exclude provision for future losses.

Note 27 Related Parties

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with South Central Ambulance Service NHS Foundation Trust.

The Department of Health and Social Care is regarded as a related party. During the year South Central Ambulance Service NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

Health Education England

Oxford University Hospital NHS Foundation Trust

Buckinghamshire Healthcare NHS Trust

Berkshire Healthcare NHS Foundation Trust

NHS Oxfordshire CCG

NHS West Hampshire CCG

NHS Buckinghamshire CCG

NHS Southampton CCG

NHS Milton Keynes CCG

NHS Fareham & Gosport CCG

NHS Portsmouth CCG

NHS South Eastern Hampshire CCG

NHS North Hampshire CCG

NHS Berkshire West CCG

NHS East Berkshire CCG

NHS North East Hampshire & Farnham CCG

NHS Brighton & Hove CCG

NHS East Sussex CCG

NHS Surrey Heartlands CCG

NHS Surrey Heath CCG

NHS West Sussex CCG

Isle of Wight NHS Trust

NHS England

Public Health England

South Central Ambulance Service NHS Foundation Trust entered into the following transactions during the year with its wholly owned subsidiary, South Central Fleet Services Ltd;

Payments to South Central Fleet Services Ltd £12.972m (2019/20: £9.267m).

Receipts from South Central Fleet Services Ltd £0.376m (2019/20: £0.602m).

Amounts owed to South Central Fleet Services Ltd as at 31st March 2021 £0.727m (31st March 2020: £0.633m).

Amounts owed from South Central Fleet Services Ltd as at 31st March 2021 £nil (31st March 2020: £nil).

During the year South Central Ambulance Service loaned South Central Fleet Services Ltd £7.6m with an interest rate of 3.5%, during the year repayments of £10.882m were made. At the end of the year South Central Fleet Services owed South Central Ambulance NHS Foundation Trust £13.703m in outstanding loans (2019/20: £16.985m)

The SCA Charity had total assets of £406k as at 31 March 2021 (2019/20: £445k). During the 2020/21 year the Charity received income of £560k (2019/20: £209k) and incurred expenditure of £599k (2019/20: £398k). The results for 31 March 2021 are provisional and unaudited at this stage and are subject to change.

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the Council of Governors of South Central Ambulance Service NHS Foundation Trust

Initial Report – June 2021

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of South Central Ambulance Service NHS Foundation Trust (the 'Trust') and its subsidiary (the 'group') for the year ended 31 March 2021, which comprise the Consolidated Statement of Comprehensive Income, the Statements of Financial Position, the Consolidated Statement of Changes in Equity, the Statement of Changes in Equity, the Statements of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and

- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and

- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the group and Trust and the group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, for being satisfied that they give a true and fair view, and for such

internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the group without the transfer of the services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the group and Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).

- We enquired of management and the Audit Committee, concerning the group and Trust's policies and procedures relating to:

- the identification, evaluation and compliance with laws and regulations;
- the detection and response to the risks of fraud; and
- the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

➔ We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

➔ We assessed the susceptibility of the group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent income and expenditure recognition. We determined that the principal risks were in relation to:

- management override of controls, and in particular journal entries with characteristics we identified as high or elevated risk
- improper revenue recognition
- potential management bias in determining accounting estimates, especially in relation to:
  - the valuation of the Trust's land and buildings
  - the completeness of operating expenditure and associated creditor balances
- inaccurate or incomplete recognition of the likely liability facing the Trust in respect of the Flowers employment tribunal and other provisions.

➔ Our audit procedures involved:

- identifying and testing unusual journals made during the year and the accounts production stage for appropriateness and corroboration
- challenging assumptions and judgements made by management in its significant accounting estimates in respect of property, plant and equipment valuations, year end activity, and the existence, accuracy and completeness of receivables, payables, provisions and deferred income
- evaluating the rationale for any changes in accounting policies, estimates or significant unusual transactions
- testing, on a sample basis, non block contract income and year end receivables to agreements, invoices or other supporting evidence such as correspondence from commissioners
- testing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence
- challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding
- searching for unrecorded liabilities by performing a substantive sample test of invoices input on to the accounts payable system post period end and reviewing cash payments post period end

- performing substantive testing of liabilities recorded in the ledger, including agreement of balances with third parties, to gain assurance that accruals are accurate and not understated
- evaluating the design and implementation effectiveness of controls surrounding the estimate of the Flowers employment tribunal provision and other provisions
- reviewing correspondence with legal advisors to support the assumptions underlying the calculation of provisions; and
- reviewing the calculation of the potential liability and the judgements and assumptions made by management to supporting evidence and assessing the reasonableness of the calculations to support provisions in the accounts.

➔ These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

➔ The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to land and buildings valuations and provisions.

➔ Assessment of the appropriateness of the collective competence and capabilities of the group and Trust's engagement team included consideration of the engagement team's:

- understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
- knowledge of the health sector and economy in which the group and Trust operates
- understanding of the legal and regulatory requirements specific to the group and Trust including:
  - the provisions of the applicable legislation
  - NHS Improvement's rules and related guidance
  - the applicable statutory provisions.

➔ In assessing the potential risks of material misstatement, we obtained an understanding of:

- The group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
- the group and Trust's control environment, including the policies and procedures implemented by the group and Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for South Central Ambulance Service NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2021.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady

Paul Grady, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

28 June 2021

Follow-up Report – September 2021

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 28 June 2021 we reported that in our opinion the financial statements:

- ➔ give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;

- ➔ have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and

- ➔ have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of South Central Ambulance Service NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady

Paul Grady, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

2 September 2021

GLOSSARY

A&E	Accident and Emergency
AACE	Association of Ambulance Chief Executives
Acorn	Consumer classification that segments the UK population by analysing demographic data, social factors, population and consumer behaviour
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BBC	British Broadcasting Corporation
CAT	Category
CALNAS	Culture and Leadership Network for Ambulance Services
CCC	Clinical Coordination Centre
CCG	Clinical Commissioning Group
CEF	Community Engagement Forum
CETV	Cash Equivalent Transfer Value
COVID-19	Coronavirus
CFR	Community First Responder
CoG	Council of Governors
COSHH	Control of Substances Hazardous to Health
CPI	Consumer Prices Index
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRS	Covid Response Service
CSD	Clinical Support Desk
DAS	Digital Apprenticeship Service
DHSC	Department of Health and Social Care
DRC	Depreciated Replacement Cost
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ED	Emergency Department
EDS	Equality Delivery System
EDS2	Equality Delivery System 2
EDs	Executive Directors

EO	Executive Officer
EOC	Emergency Operations Centre
FIFO	First in, First out method
FReM	Financial Reporting Manual
FRF	Financial Recovery Fund
FRICS	Fellow Royal Institution of Chartered Surveyors
FT	Foundation Trust
FTE	Full-Time Equivalent
GAD	Government Actuary Department
GAM	Group Accounting Manual
GP	General Practitioner
HM	Her Majesty's
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources
HSWA	Health and Safety at Work Act
IAS	International Accounting Standard
ICS	Integrated Care System
ICP	Integrated Care Partnerships
IFRS	International Financial Reporting Standards
I&E	Income and Expenditure
IG	Information Governance
IT	Information Technology
IUC	Integrated Urgent Care
IWP	Integrated Workforce Plan
KPI	Key Performance Indicator
LA	Local Authority
MK	Milton Keynes
MEA	Modern Equivalent Asset
MSK	Musculoskeletal
NBV	Net Book Value
NED	Non Executive Director
NHS	National Health Service

NHSI	NHS Improvement
OCI	Other Comprehensive Income
OHCA	Out of Hospital Cardiac Arrest
OD	Organisational Development
ONS	Office for National Statistics
PAD	Publically Accessible Defibrillator
PCN	Primary Care Networks
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PPE	Property, Plant and Equipment
PSF	Provider Sustainability Funding
PTS	Patient Transport Service
RAF	Royal Air Force
RAG	Red Amber Green
RICS	Royal Institute of Chartered Surveyors
ROSC	Return of Spontaneous Circulation
RPI	Retail Prices Index
SCAS	South Central Ambulance Service NHS Foundation Trust
SDAT	Sustainable Development Assessment Tool
SHiP	Southampton, Hampshire, Isle of Wight and Portsmouth
SIRI	Serious Incident Requiring Investigation
SOCF	Statement of Cash Flow
SOFP	Statement of Financial Position
Teams	Microsoft Teams
UCD	Urgent Care Desk
UK	United Kingdom
VAT	Value Added Tax
VSM	Very Senior Manager
WHO	World Health Organization
WTE	Whole Time Equivalent

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